| Fill in this information to identify your case: |   |                                     |
|---|---|-------------------------------------|
| United States Bankruptcy Court for the :        |   |                                     |
| NORTHERN District of ILLINOIS (State)           |   |                                     |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is a amended filing |

## Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Identify Yourself   |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  |                            |   |
|    | Write the name that is on your government-issued picture          | Lisa<br>First name         | First name                                    |
|    | identification (for example, your driver's license or passport).  | Michelle Middle name       | Middle name                                   |
|    | Bring your picture identification to your meeting                 | Mahmood  Last name         | Last name                                     |
|    | with the trustee.   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last 8 years                                     | First name                 | First name                                    |
|    | Include your married or maiden names.                             | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social Security                    | xxx - xx5226               | xxx - xx                                      |
|    | number or federal<br>Individual Taxpayer<br>Identification number | OR                         | OR  |
|    | racinimoni number   | 9xx - xx                   | 9xx - xx                                      |
|    |   |                            |   |

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Document Mahmood Lisa Michelle Debtor 1 Case Number (if known)

|    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|--|--|---|
|    | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | Business name  Business name  EIN  EIN   | I have not used any business names or EINs.  Business name  Business name  EIN  EIN   |
| 5. | Where you live   | 2749 N Augusta Drive Number Street   | If Debtor 2 lives at a different address:  Number Street  |
|    |  | Wadsworth IL 60083 City State ZIP Code  LAKE County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | City State ZIP Code  County  If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address.            |
|    |  | Number Street  P.O. Box  City State ZIP Code   | Number Street  P.O. Box  City State ZIP Code  |
|    | Why you are choosing this district to file for bankruptcy.   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408                  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408 |

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Lisa Michelle Document Mahmood

Debtor 1

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Case Number (if known)

| The chapter of the                              | Check one                      | (For a brief description   | of each, see Notice Re                      | equired by 11 U.S.C. § 342(b) for Individuals  |
|---|--------------------------------|--|---|--|
| Bankruptcy Code you                             |                                | •  |   | age 1 and check the appropriate box.   |
| are choosing to file<br>under                   | Chapter                        | r 7  |   |  |
|   | ☐ Chapter                      | r 11   |   |  |
|   | ☐ Chapter                      | r 12   |   |  |
|   | ☐ Chapter                      | r 13   |   |  |
| How you will pay the fee                        | local co<br>yoursel<br>submitt | ourt for more details a<br>f, you may pay with                         | about how you may p<br>cash, cashier's chec | Please check with the clerk's office in your pay. Typically, if you are paying the fee k, or money order. If your attorney is torney may pay with a credit card or check |
|   |                                |  | •   | ose this option, sign and attach the   |
|   | Applica                        | tion for Individuals to  | o Pay The Filing Fee                        | in Installments (Official Form 103A).  |
|   | •                              | •  |   | est this option only if you are filing for Chapter 7.  |
|   | •                              |  | •   | e your fee, and may do so only if your income is oplies to your family size and you are unable to  |
|   | pay the                        | fee in installments).  | If you choose this o                        | ption, you must fill out the Application to Have the   |
|   | Chapte                         | r / Filing Fee Waive   | a (Official Form 103)                       | and file it with your petition.  |
| Have you filed for bankruptcy within the        | ■ No                           |  |   |  |
| last 8 years?                                   | Yes. D                         | None None  | When  | Case Number  |
|   |                                |  |   | MM / DD / YYYY   |
|   | D                              | None None  | When  | Case Number  |
|   |                                |  |   | MM / DD / YYYY   |
|   | D                              | District   | When  | Case Number  |
|   |                                |  |   | MM / DD / YYYY   |
| . Are any bankruptcy cases pending or being     | ■ No                           |  |   |  |
| filed by a spouse who is                        | ☐ Yes. □                       | Debtor   |   | Relationship to you  |
| not filing this case with you, or by a business | D                              | District   | When  | Case Number, if known  |
| parter, or by                                   |                                |  |   | MM / DD / YYYY   |
| affiliate?                                      |                                |  |   |  |
|   | D<br>D                         | Debtor<br>District   | When  | Relationship to you  Case Number, if known   |
|   | J                              |  | Wildlin                                     | MM / DD / YYYY   |
| Do you rent your residence?                     | _                              | Go to line 12<br>Has your landlord obtair                              | ned an eviction judgme                      | nt against you?  |
|   |                                | ■ No. Go to line 12. □ Yes. Fill out <i>Initial</i> this bankruptcy pe |   | viction Judgment Against You (Form 101A) and file it with  |

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Debtor 1 Lisa Michelle Document Mahmood Pa

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Case Number (if known)

| 2.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.<br>□ Yes.                                | Go to Part 4.  Name and location of b  | ousiness                 |                      |             |       |            |
|-----|---|--|--|--------------------------|----------------------|-------------|-------|------------|
|     | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as                      |  | Name of business, if any   | Name of business, if any |                      |             |       |            |
|     | a corporation, partnerhsip, or<br>LLC.<br>If you have more than one<br>sole proprietorship, use a<br>separate sheed and attach it | Number Street e more than one ietorship, use a |  |                          |                      |             |       |            |
|     | to this petition.   |  | City   |                          |                      |             | State | Zip Code   |
|     |   |  | Check the appropriate  | box to descri            | be your business:    |             |       |            |
|     |   |  | ☐ Health Care Busi   | ness (as defii           | ned in 11 U.S.C. §   | 101(27A))   |       |            |
|     |   |  | ☐ Single Asset Rea   | l Estate (as d           | lefined in 11 U.S.C. | § 101(51B)) |       |            |
|     |   |  | ☐ Stockbroker (as o  | defined in 11            | U.S.C. § 101(53A))   |             |       |            |
|     |   |  | ☐ Commodity Broke  | er (as defined           | l in 11 U.S.C. § 101 | (6))        |       |            |
|     |   |  | ☐ None of the abov   | е                        |                      |             |       |            |
|     | debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).  | □ No. I  | am not filing under Chapter am filing under Chapter the Bankruptcy Code.  I am filing under Chapter Bankruptcy Code. | 11, but I am             |                      |             |       |            |
| Pai | t 4: Report if You Own or Ha  | ve Anv Hazard                                  | lous Property or Any Prop  | ertv That Nee            | eds Immediate Atter  | ition       |       |            |
|     |   | _  |  | •                        |                      |             |       |            |
| 4.  | Do you own or have any property that poses or is  | No.  |  |                          |                      |             |       |            |
|     | alleged to pose a threat of imminent and  | ∐ Yes.   | What is the hazard?  |                          |                      |             |       |            |
|     | indentifiable hazard to public health or safety?  |  |  |                          |                      |             |       |            |
|     | Or do you own any   |  |  |                          |                      |             |       |            |
|     | property that needs immediate attention?  |  | If immediate attention is  | needed, why              | is it needed?        |             |       |            |
|     | For example, do you own<br>perishable goods, or livestock<br>that must be fed, or a building<br>that needs urgent repairs?        |  |  |                          |                      |             |       |            |
|     |   |  | Where is the property?   |                          |                      |             |       |            |
|     |   |  | , -  | Number                   | Street               |             |       |            |
|     |   |  |  |                          |                      |             |       |            |
|     |   |  |  |                          |                      |             |       |            |
|     |   |  |  | City                     |                      |             | State | e ZIP Code |

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Lisa

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Debtor 1

Michelle

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| one a mining resource or our country   |  |
|--|--|
| About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| You must check one:  | You must check one:  |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. |
| Attach a copy of the certificate and the payment   | Attach a copy of the certificate and the payment   |

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

plan, if any, that you developed with the agency.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

|                    | be dismissed if the court is  |
|--------------------|---|
| dissatisfied with  | your reasons for not receiving a  |
| briefing before    | you filed for bankruptcy.   |
| If the court is sa | atisfied with your reasons, you must  |
| still receive a b  | riefing within 30 days after you file.  |
|                    | certificate from the approved   |
| agency, along      | with a copy of the payment plan you   |
| developed, if a    | ny. If you do not do so, your case  |
| may be dismiss     |   |
| Any extension      | of the 30-day deadline is granted   |
| •                  | and is limited to a maximum of 15   |
| days.              |   |
| ·                  |   |
| I am not requir    | ed to receive a briefing about  |
|                    |   |
| credit counsel     | ing because of:   |
| credit counsel     | <del>-</del>  |
| credit counsel     | <del>-</del>  |
| _                  | ing because of:   |
| _                  | ing because of:  I have a mental illness or a mental  |
| _                  | ing because of:  I have a mental illness or a mental deficiency that makes me   |
| _                  | ing because of:  I have a mental illness or a mental deficiency that makes me incapable of realizing or making  |
| _                  | ing because of:  I have a mental illness or a mental deficiency that makes me incapable of realizing or making  |
| ☐ Incapacity.      | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  |
| ☐ Incapacity.      | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  My physical disability causes me  |
| ☐ Incapacity.      | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  My physical disability causes me to be unable to participate in a   |
| ☐ Incapacity.      | Ing because of:  I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  My physical disability causes me to be unable to participate in a briefing in person, by phone, or |

Active duty. I am currently on active military duty in a military combat zone. If you believe you are not required to receive a briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

plan, if any, that you developed with the agency. I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must you file. still receive a briefing within 30 days after approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about |
|---|
| credit counseling because of:                 |

Disability.

| Incapacity. | I have a mental illness or a mental |
|-------------|-------------------------------------|
|             | deficiency that makes me            |
|             | incapable of realizing or making    |

rational decisions about finances. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-36630 Doc 1 Filed 12/11/17 Entered 12/11/17 13:09:24 De

Lisa Michelle Document Mahmood

Debtor 1

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Case Number (if known)

| Pa  | rt 6: Answer These Questions   | ; for Reporting Purposes  |   |  |
|-----|--|---|---|--|
| 16. | What kind of debts do you have?  | as "incurred by an individual No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily money for a business or inve   | consumer debts? Consumer debts are deprimarily for a personal, family, or household publishess debts? Business debts are debts stment or through the operation of the business we that are not consumer debts or business debts.  | s that you incurred to obtain  |
| 17. | Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? |   | napter 7. Go to line 18.  er 7. Do you estimate that after any exempt p s are paid that funds will be available to distrit  |  |
| 18. | How many creditors do you estimate that you owe?   | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999   | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000  | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000   |
| 19. | How much do you estimate your assets to be worth?  | ■ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million   | ☐ \$1,000,001-\$10 million ☐ \$10,000,001-\$50 million ☐ \$50,000,001-\$100 million ☐ \$100,000,001-\$500 million   | ☐\$500,000,001-\$1 billion ☐\$1,000,000,001-\$10 billion ☐\$10,000,000,001-\$50 billion ☐More than \$50 billion  |
| 20. | How much do you estimate your liabilities to be?   | □ \$0-\$50,000<br>■ \$50,001-\$100,000<br>□ \$100,001-\$500,000<br>□ \$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion   |
| Pa  | rt 7: Sign Below   |   |   |  |
| For | you  | correct.  If I have chosen to file under Chaptor of title 11, United States Code. I ununder Chapter 7.  If no attorney represents me and I this document, I have obtained and I request relief in accordance with I understand making a false statem. | ter 7, I am aware that I may proceed, if eligible inderstand the relief available under each chap did not pay or agree to pay someone who is not read the notice required by 11 U.S.C. § 342(the chapter of title 11, United States Code, spenent, concealing property, or obtaining money in fines up to \$250,000, or imprisonment for up 1 3571. | e, under Chapter 7, 11,12, or 13 ster, and I choose to proceed not an attorney to help me fill out (b). ecified in this petition. or property by fraud in connection |
|     |  | /s/ Lisa Michelle Mahn Signature of Debtor 1  Executed on   | Signa   | ture of Debtor 2  uted on  MM / DD / YYYY  |

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| Debtor 1 | Lisa       | Michelle                  | Mahmood                  | Case Number (if known)   |
|----------|------------|---------------------------|--------------------------|--|
|          | First Name | Middle Name               | Last Name                |  |
|          |            | I the attorney for the de | ehtor(s) named in this n | etition, declare that I have informed the debtor(s) about eligibility to |

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Daniel Fasman              | Date    | Date: 12/09/2     | 2017                 |
|----------------------------------|---------|-------------------|----------------------|
| Signature of Attorney for Debtor |         | MM / DD / YYYY    | Y                    |
| Daniel Fasman                    |         |                   |                      |
| Printed name                     |         |                   | _                    |
| Geraci Law L.L.C.                |         |                   | _                    |
| Firm name                        |         |                   |                      |
| 55 E. Monroe St., #3400          |         |                   |                      |
| Number Ctreet                    |         |                   |                      |
| Number Street                    |         |                   | _                    |
| Number Street Chicago            | IL      | 60603             | _                    |
| Chicago                          | ILState | 60603<br>ZIP Code | -                    |
|                                  | State   |                   | -<br>-<br>acilaw.com |
| Chicago<br>City                  | State   | ZIP Code          | -<br>-<br>acilaw.com |

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| Fill in this in           | formation to ident | ify your case:                      |                     |
|---------------------------|--------------------|-------------------------------------|---------------------|
| Debtor 1                  | Lisa               | Michelle                            | Mahmood             |
|                           | First Name         | Middle Name                         | Last Name           |
| Debtor 2                  |                    |                                     |                     |
| (Spouse, if filing)       | First Name         | Middle Name                         | Last Name           |
| United States Case Number |                    | the : <u>NORTHERN</u> District of _ | ILLINOIS<br>(State) |
| (If known)                |                    |                                     | _                   |

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets   |                                    |
|---|------------------------------------|
|   | Your assets Value of what you own  |
| Schedule A/B: Property (Official Form 106A/B)     1a. Copy line 55, Total real estate, from Schedule A/B  | \$0                                |
| 1b. Copy line 62, Total personal property, from Schedule A/B  | \$ 20,102                          |
| 1c. Copy line 63, Total of all property on Schedule A/B   | \$ 20,102                          |
|   |                                    |
| Part 2: Summarize Your Liabilities  |                                    |
|   | Your liabilities<br>Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$32,074                           |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$0                                |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$41,848                           |
|   |                                    |
| Part 3: Summarize Your Liabilities  |                                    |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I   | \$3,063.19                         |
| Schedule J: Your Expenses (Official Form 106J)     Copy your monthly expenses from line 22c of Schedule J   | \$3,057.00                         |

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Document Michelle Debtor 1 Lisa Case Number (if known) \_ First Name Middle Name Last Name

| Part 4:         | Answer These Questions for Administrative and Statistical Records   |             |  |  |  |  |  |  |
|-----------------|---|-------------|--|--|--|--|--|--|
| _               | Are you filing for bankruptcy under Chapter 7, 11 or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes   |             |  |  |  |  |  |  |
| Your famil      | What kind of debt do you have?  Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |             |  |  |  |  |  |  |
|                 | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  \$4,070.98  |             |  |  |  |  |  |  |
|                 | e following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :   | Total claim |  |  |  |  |  |  |
| From P          | art 4 of Schedule E/F, copy the following:  |             |  |  |  |  |  |  |
| 9a. Dom         | estic support obligations (Copy line 6a.)   | \$_0.00     |  |  |  |  |  |  |
| 9b. Taxe        | es and certain other debts you owe the government. (Copy line 6b.)  | \$_0.00     |  |  |  |  |  |  |
| 9c. Clain       | ns for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$_0.00     |  |  |  |  |  |  |
| 9d. Stud        | ent loans. (Copy line 6f.)  | \$_7,836.00 |  |  |  |  |  |  |
|                 | gations arising out of a separation agreement or divorce that you did not report as laims. (Copy line 6g.)  | \$_0.00     |  |  |  |  |  |  |
| 9f. Debt        | s to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | \$_0.00     |  |  |  |  |  |  |
| 9g. <b>Tota</b> | I. Add lines 9a through 9f.   | \$_7,836.00 |  |  |  |  |  |  |

|  |  | 7 36630 Doc 1   |   | Entered 12/11/17 13   | 3:09:24 De                                   | sc Main  |
|--|--|---|---|---|--|--|
| Fill in this in  | formation to ide   | ntify your case and this fil  | ling:   | 0 of 55   |  |  |
| Debtor 1   | Lisa   | Michelle  | Mahmood   |   |  |  |
| Dobtor 2   | First Name   | Middle Name   | Last Name   |   |  |  |
| Debtor 2<br>(Spouse, if filing)                        | First Name   | Middle Name   | Last Name   |   |  |  |
| United States  | Bankruptcy Court fo  | or the : <u>NORTHERN</u> Distr  | rict of _ILLINOIS   |   |  |  |
| Case Number  |  |   | (State)   |   |  | Check if this is an  |
| (If known)   |  |   |   |   |  | amended filing   |
| Official F   | <u>orm 106A</u>  | <u>/B</u>   |   |   |  |  |
| Schedul  | e A/B: Pr  | operty  |   |   |  | 12/15  |
| ategory where<br>esponsible for<br>ages, write yo      | you think it fits<br>supplying corre<br>ur name and cas  | best. Be as complete and<br>ct information. If more space<br>e number (if known). Ans                     | accurate as possible. If two m<br>ace is needed, attach a separa  | fits in more than one category, lis<br>arried people are filing together, b<br>te sheet to this form. On the top of<br>the an Interest In | oth are equally                              |  |
| No. Yes.  Add the dol                                  | Describe<br>lar value of the p   | portion you own for all of  | n any residence, building, land<br>your entries fro Part 1, includir  | ng any entries for pages  |  |  |
| you have at  | tached for Part 1  | 1. Write that number here   |   |   | >  | \$0.00   |
| Part 2:  | Describe Your Vel  | hicles  |   |   |  |  |
| O3. Cars, vans  No. Yes.  No. Yes.  No. Yes.  No. Yes. | Describe Describe Make: Model: Model: Describe Milea Des | Honda Accord 2017 18,000  ord with over 18,000  homes, ATVs and other reors, personal watercraft, fishing | Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors  Check if this is commit instructions)  Creational vehicles, other vehicles are served. | ly s and another sunity property (see icles, and accessories accessories  | Do not deduct secured the amount of any secu | claims or exemptions. Put ured claims on Schedule D: laims Secured by Property  Current value of the portion you own?  14,952.00 |
|  |  |   | your entries fro Part 2, includir   |   |  | \$ 14,952.00   |
|  |  |   |   | /   |  |  |
| Part 3:  | Describe Your Per  | rsonal and Household Items  | ·   |   |  |  |
| -  |  | or equitable interest in an   | y of the following items?   |   |  | Current value of the portion you own?  Do not deduct secured claims or exemptions  |
| Examples:  |  | nishings<br>iurniture, linens, china, kitchen   | ware  |   |  |  |
| Yes.   | Describe   | Furniture, linens, small applia   | ances, table & chairs, bedroom set  |   | \$1,500                                      | \$ 1,500.00  |

| 07. | collections;                       | Televisions and rad                    | dios; audio, video, stereo, and digital equipment; computers, printers, scanners; music including cell phones, cameras, media players, games |       |  |            |
|-----|------------------------------------|--|--|-------|--|------------|
|     | No.                                | 5 "                                    |  |       | 1  |            |
|     | Yes.                               | Describe                               | Flat screen TV, computer, printer, music collection, cell phone, lpad  | \$500 | \$   | 500.00     |
| 08. | Collectible                        | s of value                             |  |       |  |            |
|     |                                    |  | nes; paintings, prints, or other artwork; books, pictures, or other art objects; collections; other collections, memorabilia, collectibles   |       |  |            |
|     | Yes.                               | Describe                               |  |       | <b>s</b>   | 0.00       |
| 09. | Equipment                          | for sports and                         | hobbies  |       |  |            |
|     |                                    |  | nic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes nusical instruments                                |       |  |            |
|     | Yes.                               | Describe                               |  |       | ]<br>s   | 0.00       |
| 10. | Firearms Examples:                 | Pistols, rifles, shotç                 | guns, ammunition, and related equipment  |       |  |            |
|     | Yes.                               | Describe                               |  |       | 1  |            |
| 44  | Clathaa                            |  |  |       | \$   | 0.00       |
| 11. | Examples:                          | Everyday clothes, t                    | furs, leather coats, designer wear, shoes, accessories   |       |  |            |
|     | Yes.                               | Describe                               | Everyday clothes, shoes, accessories   | \$100 | \$   | 100.00     |
| 12. | Jewelry Examples: gold, silver No. | Everyday jewelry, o                    | costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   |       |  |            |
|     | Yes.                               | Describe                               | Everyday jewelry, costume jewelry, watch, earrings   | \$500 | <b>s</b>   | 500.00     |
| 13. | Non-farm a Examples:               | <b>animals</b><br>Dogs, cats, birds, h | norses   |       | <del>-</del>   |            |
|     | Yes.                               | Describe                               |  |       |  | 0.00       |
| 14. | Any other                          | personal and ho                        | busehold items you did not already list, including any health aids you did not list  |       | J \$   | <u> </u>   |
|     | No.                                |  |  |       | 4  |            |
|     | Yes.                               | Describe                               | books, CDs, DVDs & Family Photos   | \$50  | \$   | 50.00      |
|     |                                    |  | of your entries from Part 3, including any entries for pages you have attached   |       |  | \$2,650.00 |
|     | ior Part 3.                        | vvrite that numb                       | er here>   |       |  |            |
| P   | art 4:                             | escribe Your Fin                       | ancial Assets  |       |  |            |
| Do  | you own or                         | have any legal                         | or equitable interest in any of the following?   |       | Current value of portion you over Do not deduct se or exemptions | vn?        |
| 16. | Cash Examples:                     | Money you have in                      | your wallet, in your home, in a safe deposit box, and on hand when you file your petition  |       |  |            |
|     | Yes.                               | Describe                               |  |       | \$   | 0.00       |

Lisa Debtor 1

Case 17-36630

Doc 1

Filed 12/11/17 Entered 12/11/17 13:09:24

Document Page 12 of 55 sumber (if known)

Desc Main

First Name

| 17. Deposi              | ts of money              |                                    |                      |   |              |                    |
|-------------------------|--------------------------|------------------------------------|----------------------|---|--------------|--------------------|
| Examp                   | les: Checking, saving    | s, or other financial accounts; co | ertificates of der   | posit; shares in credit unions, brokerage houses,           |              |                    |
| and oth                 | ner similar institutions | . If you have multiple accounts v  | with the same in     | stitution, list each.                                       |              |                    |
| N                       | 0.                       |                                    |                      |   |              |                    |
| Y                       | es. Describe             | Account Type:                      | Instit               | tution name:  |              |                    |
|                         |                          | Checking Account                   |                      | Chase Bank  | \$           | 100.00             |
|                         |                          | Checking Account                   |                      | Bank of America   | <del>_</del> | 300.00             |
|                         |                          | Savings Account                    |                      | Chase Bank  | s            | 600.00             |
|                         |                          | Savings Account                    |                      | Bank of America   |              | 700.00             |
|                         |                          | Cavingo / toocant                  |                      | - Saint of Athoriton  |              |                    |
| 10 Danda                |                          | multiply traded at a dra           |                      |   | \$           | 1,700.00           |
| -                       | •                        | publicly traded stocks             | firms monour         | parket accounts   |              |                    |
| N                       |                          | stment accounts with brokerage     | minis, money n       | iainet accounts   |              |                    |
| <b>—</b> —              |                          | lastitution on incurs and          |                      |   |              |                    |
| Y                       | es. Describe             | Institution or issuer name:        | :                    |   |              | 0.00               |
| 40 Names                |                          |                                    |                      |   | \$           | 0.00               |
|                         | =                        | k and interests in incorpor        | ated and unir        | ncorporated businesses, including an interest in            |              |                    |
| N                       |                          |                                    |                      |   |              |                    |
| Y                       | es. Describe             | Name of Entity and Perce           | nt of Ownersh        | nip:  |              |                    |
|                         |                          |                                    |                      |   | \$           | 0.00               |
|                         | =                        | ate bonds and other negotia        |                      | _   |              |                    |
| -                       |                          | ide personal checks, cashiers' c   |                      |   |              |                    |
|                         | -                        | are those you cannot transfer to   | someone by si        | gning or delivering them.                                   |              |                    |
| N                       |                          |                                    |                      |   |              |                    |
| <b>□</b> Y              | es. Describe             | Issuer name:                       |                      |   | _            | 0.00               |
|                         |                          |                                    |                      |   | \$           | 0.00               |
|                         | nent or pension a        |                                    |                      |   |              |                    |
|                         |                          | ERISA, Keogn, 401(K), 403(D), t    | nriit savings acc    | counts, or other pension or profit-sharing plans            |              |                    |
| □N                      |                          |                                    |                      |   |              |                    |
| Y                       | es. Describe             | Type of account and Instit         | tution name:         | Fundame 400B  |              | I I a lance a com- |
|                         |                          | 401(k) or similar plan             |                      | Employer 403B   | \$           | Unknown            |
|                         |                          |                                    |                      |   | \$           | 0.00               |
|                         | y deposits and pr        | · ·                                |                      |   |              |                    |
|                         |                          | posits you have made so that yo    | -                    |   |              |                    |
|                         | -                        | landlords, prepaid rent, public u  | itilities (electric, | gas, water), telecommunications                             |              |                    |
| N                       |                          |                                    |                      |   |              |                    |
| Y                       | es. Describe             | Institution name or individ        | ual:                 |   |              |                    |
|                         |                          |                                    |                      |   | \$           | 0.00               |
|                         | •                        | a periodic payment of mor          | ney to you, ei       | ther for life or for a number of years)                     |              |                    |
| N                       | 0.                       |                                    |                      |   |              |                    |
| Y                       | es. Describe             | Issuer name and descripti          | ion:                 |   |              |                    |
|                         |                          |                                    |                      |   | \$           | 0.00               |
|                         |                          |                                    | alified ABLE         | program, or under a qualified state tuition program.        |              |                    |
|                         | .C. §§ 530(b)(1), 529    | A(b), and 529(b)(1).               |                      |   |              |                    |
| N                       | 0.                       |                                    |                      |   |              |                    |
| Y                       | es. Describe             | Institution name and desc          | ription. Separ       | ately file the records of any interests.11 U.S.C. § 521(c): |              |                    |
|                         |                          |                                    |                      |   | \$           | 0.00               |
| 25. Trusts,             | equitable or futu        | re interests in property (oth      | ier than anyth       | ning listed in line 1), and rights or powers                |              |                    |
| N                       | 0.                       |                                    |                      |   |              |                    |
| Y                       | es. Describe             |                                    |                      |   |              |                    |
|                         |                          |                                    |                      |   | \$           | 0.00               |
| 26. Patents             | s, copyrights, trad      | emarks, trade secrets, and         | other intelled       | ctual property  |              |                    |
| Examp                   | les: Internet domain     | names, websites, proceeds from     | ı royalties and li   | censing agreements  |              |                    |
| N                       | 0.                       |                                    |                      |   |              |                    |
| Y                       | es. Describe             |                                    |                      |   |              |                    |
|                         |                          |                                    |                      |   | \$           | 0.00               |
| 27. Licens              | es, franchises, an       | d other general intangibles        | ,                    |   | •            |                    |
| Examp                   | les: Building permits,   | exclusive licenses, cooperative    | association hol-     | dings, liquor licenses, professional licenses               |              |                    |
| N                       | 0.                       |                                    |                      |   |              |                    |
| $\prod_{i \in Y_i} Y_i$ | es. Describe             |                                    |                      |   |              |                    |
|                         |                          |                                    |                      |   |              | 0.00               |

Case 17-36630 Doc 1 Lisa

Desc Main

Debtor 1

First Name

Middle Name

| Моі | ney or prop   | erty owed to you     | 1?  | Current value of the portion you own? Do not deduct secured claims or exemptions |
|-----|---------------|----------------------|---|--|
| 28. | _             | s owed to you        |   |  |
|     | No. Yes.      | Describe             |   | 7  |
|     | 100.          | Describe             | Anticipated 2017 tax refund \$800   | 000.00   |
| 29. | Family sup    | port                 |   | \$800.00   |
|     | Examples: No. | Past due or lump si  | um alimony, spousal support, child support, maintenance, divorce settlement, property settlement                                    |  |
|     | Yes.          | Describe             |   | \$ 0.00  |
| 30. | Other amo     | unts someone o       | wes you   | <u> </u>   |
|     |               |                      | ability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,<br>d loans you made to someone else |  |
|     | No.           | Dagarika             |   | 7  |
|     | Yes.          | Describe             |   | \$0.00   |
| 31. |               | insurance polici     | ies<br>r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance                                   |  |
|     | No.           | •                    | Company Name & Beneficiary:   |  |
|     | Yes.          | Describe             | Health insurance \$0  | ]  |
|     |               |                      | Term life insurance \$0   |  |
| 32. | Any interes   | st in property th    | at is due you from someone who has died   | \$0.00   |
|     | If you are th | e beneficiary of a l | iving trust, expect proceeds from a life insurance policy, or are currently entitled to receive                                     |  |
|     | No.           | cause someone ha     | is died.  |  |
|     | Yes.          | Describe             |   |  |
| 33. | Claims aga    | inst third partie    | s, whether or not you have filed a lawsuit or made a demand for payment   | \$0.00   |
|     | _             | Accidents, employr   | ment disputes, insurance claims, or rights to sue   |  |
|     | No.           | Describe             |   | 1  |
|     | _             |                      |   | \$0.00   |
| 34. | No.           | ingent and unliq     | uidated claims of every nature, including counterclaims of the debtor and rights  |  |
|     | Yes.          | Describe             |   | ]  |
| 35. | Any financ    | ial assets you d     | id not already list   | \$0.00   |
|     | No.           | _                    |   |  |
|     | Yes.          | Describe             |   | \$0.00   |
|     |               |                      |   |  |
|     |               |                      | of your entries from Part 4, including any entries for pages you have attached er here  | \$2,500.00   |
|     |               |                      |   |  |
|     | alt J.        |                      | iness-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |  |
| 37. | No.           | n or have any le     | gal or equitable interest in any business-related property?   |  |
|     | Yes.          |                      |   |  |
|     |               |                      |   | Current value of the   |
|     |               |                      |   | portion you own?  Do not deduct secured claims                                   |
| 20  | Accounts -    | acaivahla ar ca      | mmissions you already earned  | or exemptions  |
| JO. | No.           | eceivable of Col     | mmissions you already earned  |  |
|     | Yes.          | Describe             |   |  |
|     |               |                      |   | \$0.00   |

| 39.                             |  |   | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  |                       |
|---------------------------------|--|---|---|-----------------------|
|                                 | Yes.   | Describe  |   | \$ 0.00               |
| 40.                             | Machinery, 1   | fixtures, equip   | ment, supplies you use in business, and tools of your trade   | <u> </u>              |
|                                 | _  | Describe  |   | \$0.00                |
| 41.                             | Inventory<br>No.   |   |   |                       |
|                                 |  | Describe  |   | \$0.00                |
| 42.                             | Interests in No.   | -   | r joint ventures  Name of Entity and Percent of Ownership:  |                       |
|                                 |  | Describe  | Name of Entity and Percent of Ownership.  | \$ 0.00               |
| 43.                             | Customer lis   | sts, mailing lis  | ts, or other compilations   | ·                     |
|                                 | No. Yes.   | Describe  |   |                       |
|                                 | _  |   |   | \$0.00                |
| 44.                             | Any busines<br>No.   | ss-related prop   | erty you did not already list   |                       |
|                                 | Yes.   | Describe  |   | \$0.00                |
|                                 |  |   | of your entries from Part 5, including any entries for pages you have attached  | \$ 0.00               |
|                                 |  |   |   |                       |
|                                 |  |   |   |                       |
|                                 |  |   | m- and Commercial Fishing-Related Property You Own or Have an Interest In.<br>ve an interest in farmland, list it in Part 1.  |                       |
|                                 | lf<br>Do you own   | you own or ha   |   |                       |
|                                 | Do you own   | you own or ha<br>or have any le   | ve an interest in farmland, list it in Part 1.  |                       |
| 46.                             | Do you own No. Yes.  | you own or ha   | ve an interest in farmland, list it in Part 1.  | \$0.00                |
| 46.                             | Do you own No. Yes.  | you own or ha   | ve an interest in farmland, list it in Part 1. gal or equitable interest in any farm- or commercial fishing-related property?   | \$0.00                |
| 46.                             | Do you own No. Yes.  Farm anima Examples: Li   | you own or ha<br>or have any le<br>Describe   | ve an interest in farmland, list it in Part 1. gal or equitable interest in any farm- or commercial fishing-related property?   |                       |
| 46.                             | Do you own No. Yes.  Farm anima Examples: Li No. Yes.  | you own or hat or have any lesseribe  | ve an interest in farmland, list it in Part 1.  rgal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish   | \$\$\$\$              |
| 46.                             | If Do you own No. Yes.  Farm anima Examples: Li No. Yes.  Crops—eith No.   | you own or hat or have any lesseribe  | ve an interest in farmland, list it in Part 1.  rgal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish   | \$0.00                |
| 46.<br>47.<br>48.               | Do you own No. Yes.  Farm anima Examples: Li No. Yes.  Crops—eith No. Yes.   | you own or had or have any lesseribe  Describe  Describe  Describe  Describe  | ve an interest in farmland, list it in Part 1.  rgal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish   |                       |
| 46.<br>47.<br>48.               | Do you own No. Yes.  Farm anima Examples: Li No. Yes.  Crops—eith No. Yes.  Farm and fis No.   | you own or had or have any lesseribe  Describe  Describe  Describe  Describe  | ve an interest in farmland, list it in Part 1.  regal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  charvested  | \$\$<br>\$0.00        |
| 46.<br>47.<br>48.               | Do you own No. Yes.  Farm anima Examples: Li No. Yes.  Crops—eith No. Yes.  Farm and fis No. Yes.  | you own or had a or have any lesseribe  Describe  Describe  Describe  Describe  Describe  Describe  Describe  | ve an interest in farmland, list it in Part 1.  regal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  charvested  | \$0.00                |
| 46.<br>47.<br>48.               | If Do you own No. Yes.  Farm anima Examples: Li No. Yes.  Crops—eith No. Yes.  Farm and fis No. Yes.  Farm and fis No.                               | you own or had a or have any lesseribe  Describe  Describe  Describe  Describe  Describe  Describe  Describe  | regal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  harvested  nt, implements, machinery, fixtures, and tools of trade  | \$\$<br>\$0.00        |
| 46.<br>47.<br>48.               | If Do you own No. Yes.  Farm anima Examples: Li No. Yes.  Crops—eith No. Yes.  Farm and fis No. Yes.  Farm and fis No. Yes.                          | you own or hat or have any less less less less less less less les   | regal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  harvested  nt, implements, machinery, fixtures, and tools of trade  | \$\$<br>\$0.00<br>\$0 |
| 46.<br>47.<br>48.               | If Do you own No. Yes.  Farm anima Examples: Li No. Yes.  Crops—eith No. Yes.  Farm and fis No. Yes.  Farm and fis No. Yes.  Any farm-ai No.         | you own or hat or have any less less less less less less less les   | ve an interest in farmland, list it in Part 1.  regal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  harvested  nt, implements, machinery, fixtures, and tools of trade  , chemicals, and feed | \$\$<br>\$0.00<br>\$0 |
| 46.<br>47.<br>48.<br>49.<br>50. | If Do you own No. Yes.  Farm anima Examples: Li No. Yes.  Crops—eith No. Yes.  Farm and fis No. Yes.  Farm and fis No. Yes.  Any farm-anima No. Yes. | you own or hat or have any less less livestock, poultry, Describe  Describe  Describe  Shing equipme Describe  Shing supplies Describe  Describe  ar value of all | ve an interest in farmland, list it in Part 1.  regal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  harvested  nt, implements, machinery, fixtures, and tools of trade  , chemicals, and feed | \$\$<br>\$0.00<br>\$0 |

Debtor 1

Case 17-36630 Lisa

Doc 1

Desc Main

First Name

Filed 12/11/17 Entered 12/11/17 13:09:24

— Document Page 15 of 55 unber (if known)

| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List   | Above        |              |
|--|--------------|--------------|
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No. |              |              |
| Yes. Describe  |              | \$0.00       |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here  | >            | \$0.00       |
| Part 8: List the Totals of Each Part of this Form  |              |              |
| 55. Part 1: Total real estate, line 2  |              | \$ 0.00      |
| 56. Part 2: Total vehicles, line 5   | \$ 14,952.00 |              |
| 57. Part 3: Total personal and household items, line 15  | \$ 2,650.00  |              |
| 58. Part 4: Total financial assets, line 36  | \$ 2,500.00  |              |
| 59. Part 5: Total business-related property, line 45   | \$ 0.00      |              |
| 60. Part 6: Total farm- and fishing-related property, line 52  | \$ 0.00      |              |
| 61. Part 7: Total other property not listed, line 54   | \$ 0.00      |              |
| 62. <b>Total personal property</b> . Add lines 56 through 61   | \$ 20,102.00 | \$ 20,102.00 |
| 63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62  |              | \$20,102.00  |

Official Form 106A/B Schedule A/B: Property Page 6 of 6 Record # 755305

Case 17-36630 Doc 1 Filed 12/11/17 Entered 12/11/17 13:09:24 Desc Main

| Fill in this in     | nformation to ident  | tify your case:                     |                     |
|---------------------|----------------------|-------------------------------------|---------------------|
| Debtor 1            | Lisa                 | Michelle                            | Mahmood             |
|                     | First Name           | Middle Name                         | Last Name           |
| Debtor 2            | -                    |                                     |                     |
| (Spouse, if filing) | First Name           | Middle Name                         | Last Name           |
| United States       | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ | ILLINOIS<br>(State) |
| Case Number         | r                    |                                     | _                   |
| (If known)          |                      |                                     |                     |

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

|                         | fy the Property You Claim as Exempt   |                                      | is filter with  |                                    |  |  |  |  |  |
|-------------------------|---|--------------------------------------|---|------------------------------------|--|--|--|--|--|
|                         | emptions are you claiming? Check  |                                      | •   |                                    |  |  |  |  |  |
| _                       | You are claiming state and federal nonbankruptcy exemptions . 11 U.S.C. § 522(b)(3) |                                      |   |                                    |  |  |  |  |  |
| ☐ You are clai          | ming federal exemptions. 11 U.S.C.  | § 522(b)(2)                          |   |                                    |  |  |  |  |  |
| 2 For any propert       | y you list on <i>Schedule A/B</i> that you  | , claim as exempt fill in t          | the information below   |                                    |  |  |  |  |  |
| 2. For any propert      | y you list on Schedule A/B that you   | i ciaiiii as exempt, iiii iii i      | the information below.  |                                    |  |  |  |  |  |
| -                       | on of the property and line on hat lists this property                              | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |  |  |  |  |  |
|                         |   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                    |  |  |  |  |  |
| Brief description:      | 2017 Honda Accord with over 18,000 miles  | \$ <u>14,952</u>                     | \$_2,400  | 735 ILCS 5/12-1001(c)              |  |  |  |  |  |
| Line from Schedule A/B: | 03  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
| Brief description:      | Furniture, linens, small appliances, table & chairs, bedroom set                    | \$_ 1,500                            | \$ 1,000  | 735 ILCS 5/12-1001(b)              |  |  |  |  |  |
| Line from Schedule A/B: | <u>06</u>   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
| Brief description:      | Flat screen TV, computer, printer, music collection, cell phone, Ipad               | \$ <u>500</u>                        | \$_500  | 735 ILCS 5/12-1001(b)              |  |  |  |  |  |
| Line from Schedule A/B: | 07  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
| Brief<br>description:   | Everyday clothes, shoes, accessories  | \$ <u>100</u>                        | \$100   | 735 ILCS 5/12-1001(a),(e)          |  |  |  |  |  |
| Line from Schedule A/B: | 11  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
|                         |   |                                      |   |                                    |  |  |  |  |  |
| Official Form 1060      | Record # 755305   | Schedule C: T                        | The Property You Claim as Exempt                                | Page 1 of 2                        |  |  |  |  |  |

Case 17-36630 Doc 1

Filed 12/11/17

Entered 12/11/17 13:09:24 Desc Main

Debtor 1

Lisa

Michelle

Document

Page 17 of 55 Number (if known)

**Additional Page** Part 2: Current value of the Brief description of the property and line on Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption Schedule A/B 735 ILCS 5/12-1001(a),(e) Brief Everyday jewelry, costume 500 description: jewelry, watch, earrings Line from 100% of fair market value, up to 12 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(a) Brief books, CDs, DVDs & Family 50 \$ 50 description: Photos Line from 100% of fair market value, up to Schedule A/B: any applicable statutory limit Brief 735 ILCS 5/12-1001(b) Checking Account, Chase Bank, 100 \$ 100 description: 100% of fair market value, up to Line from 17 Schedule A/B: any applicable statutory limit Brief Checking Account, Bank of 735 ILCS 5/12-1001(b) \$ 300 America, 300.00 description: 100% of fair market value, up to Line from 17 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(b) Brief Savings Account, Chase Bank, 600 600.00 600 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(b) Brief Savings Account, Bank of 700 \$<sub>\_</sub> 700 America, 700.00 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1006 Brief 401(k) or similar plan, Employer Unknown 403B, 0.00 description: Line from 100% of fair market value, up to 21 Schedule A/B: any applicable statutory limit Brief Anticipated 2017 tax refund 735 ILCS 5/12-1001(b) \$ 800 800 description: Line from 100% of fair market value, up to 28 Schedule A/B: any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ Yes.

| Fill in this in             | Caso 17<br>formation to iden |   | oc 1 Eiloc                | 19/11/17                 | Entor          | ed 12/11/1<br>8 of 55 | 7 13:09:24  | Desc Main  |                      |
|-----------------------------|------------------------------|---|---------------------------|--------------------------|----------------|-----------------------|---|--|----------------------|
| Debtor 1                    | Lisa                         | Michelle  | е                         | Mahmood                  |                |                       |   |  |                      |
|                             | First Name                   | Middle Name   |                           | Last Name                |                |                       |   |  |                      |
| Debtor 2                    |                              |   |                           |                          |                |                       |   |  |                      |
| (Spouse, if filing)         | First Name                   | Middle Name   |                           | Last Name                |                |                       |   |  |                      |
| United States               | Bankruptcy Court for         | the : <u>NORTHERN</u>   | District of <u>ILLINO</u> |                          |                |                       |   |  |                      |
| Case Number                 |                              |   |                           | (State)                  |                |                       |   | Check if this                                      | s is an              |
| (If known)                  |                              |   |                           |                          |                |                       |   | amended fi   | ling                 |
| Official F                  | orm 106D                     |   |                           |                          |                |                       |   |  |                      |
| Schedule                    | D: Credito                   | rs Who Have   | Claims S                  | ecured by I              | Proper         | tv                    |   |  | 12/15                |
| 1. <b>Do any cre</b> No. Ch | s, write your nam            |   | (if known).<br>roperty?   |                          |                |                       |   | ,  |                      |
| Part 1:                     | LIST All Secured Cia         |   |                           |                          |                |                       | Column A  | Column A   | Column C             |
| for each cl                 | aim. If more than            | creditor has more that<br>one creditor has a pa<br>claims in alphabetica            | articular claim, list     | the other creditors      | s in Part 2.   | у                     | Amount of claim Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim | Unsecured portion    |
| 2.1 America                 | an Honda Finance             |   | Describe the              | property that secui      | res the clain  | n:                    | \$ 32,074.00  | <b>\$</b> _14,952.00                               | \$ <u>17,122.0</u> 0 |
| Creditor's                  |                              |   | 2017 Honda                | Accord with over 1       | 8,000 miles    | 3                     | 7   |  |                      |
| 2170 Po                     | oint Blvd Ste 100<br>Street  |   |                           |                          |                |                       |   |  |                      |
| Number                      | Olleet                       |   | As of the date            | you file, the claim      | ie: Chook o    | Il that apply         | _   |  |                      |
|                             |                              |   | Contingent                | -                        | is. Check a    | п шасарріу.           |   |  |                      |
| Elgin                       |                              | IL 60123  | Unliquidate               |                          |                |                       |   |  |                      |
| City                        |                              | State Zip Code  | Disputed                  |                          |                |                       |   |  |                      |
| Who owes                    | the debt? Check or           | ne.   | Nature of Lier            | Check all that app       | ly.            |                       |   |  |                      |
| Debtor                      | 1 only                       |   | An agreem                 | ent you made (such a     | as mortgage    | or secured            |   |  |                      |
| Debtor                      | 2 only                       |   | car loan)                 |                          |                |                       |   |  |                      |
| Debtor                      | 1 and Debtor 2 only          |   | Statutory lie             | en (such as tax lien, r  | mechanic's lie | en)                   |   |  |                      |
| At least                    | one of the debtors a         | nd another  | Judgment I                | en from a lawsuit        |                |                       |   |  |                      |
|                             | if this claim relates        | s to a  | Other (inclu              | iding a right to offset) |                |                       |   |  |                      |
| Date Debt                   | was incurred                 | 2017-01-17  | Last 4 digits of          | of account number        | 503            | 3                     |   |  |                      |
| Part 2:                     | ist Others to Be N           | otified for a Debt Tha  | t You Already List        | ted                      |                |                       |   |  |                      |
| trying to collect           | from you for a del           | ers to be notified about you owe to someon obts that you listed in ubmit this page. | ne else, list the cre     | editor in Part 1, and    | then list th   | e collection agency   | y here. Similarly, if yo                              | u have more  |                      |
|                             |                              |   |                           |                          |                |                       |   |  |                      |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 32,074.00

|  |   | Caso 17 266  | 30 Doc  | 1 Eilad  | 19/11/17   | Entor   | ed 12/11/1   | 7 13:09:24   | Desc Mai                      | n                        |
|--|---|--|---|--|--|---|--|--|-------------------------------|--------------------------|
| Fill i                                 | n this inf  | formation to identify you  | r case:   |  |  |   | 9 of 55  |  |                               |                          |
| Deb                                    | tor 1   | Lisa   | Michelle  |  | Mahmood  |   |  |  |                               |                          |
| DCD                                    | 101 1   | First Name   | Middle Name   |  | Last Name  | =   |  |  |                               |                          |
| Deb                                    | tor 2   |  |   |  |  | _   |  |  |                               |                          |
| (Spou                                  | se, if filing)  | First Name   | Middle Name   |  | Last Name  |   |  |  |                               |                          |
| Unit                                   | ed States I   | Bankruptcy Court for the :   | NORTHERN Dis  | strict of ILLINOIS   |  |   |  |  |                               |                          |
|  |   | _  |   |  | (State)  |   |  |  | Check                         | c if this is an          |
|  | e Number<br>nown)   |  |   |  |  |   |  |  |                               | ded filing               |
| )ffic                                  | ial Ea  | orm 106E/F   |   |  |  |   | •  |  |                               |                          |
| JIIIC                                  | iai i (   | JIII IUUL/I  |   |  |  |   |  |  |                               | 40/45                    |
| <u>Sche</u>                            | dule  | E/F: Creditors \   | Who Have  | <u>Unsecur</u>   | <u>ed Claims</u>   | <u> </u>                                      |  |  |                               | 12/15                    |
| ist the<br>I/B: Pr<br>reditor<br>eeded | other pa<br>operty (C<br>rs with pa<br>, copy th<br>ny additi | and accurate as possible arty to any executory cor official Form 106A/B) and artially secured claims the Part you need, fill it ou ional pages, write your n.ist All of Your PRIORITY U. | ntracts or unexp<br>d on Schedule G<br>nat are listed in<br>t, number the e<br>ame and case n | pired leases that<br>G: Executory Co<br>Schedule D: Cr<br>entries in the bo<br>number (if know | t could result in<br>ontracts and University<br>reditors Who Ha<br>exes on the left. | n a claim. Als<br>expired Lea<br>ave Claims S | so list executory on<br>Ses (Official Form<br>Secured by Prope | contracts on <i>Sched</i><br>n 106G). Do not inc<br>rty. If more space i | <i>lul</i> e<br>lude any<br>s |                          |
| 1. <b>Do</b>                           | any cred  | ditors have priority unsec   | cured claims ag   | gainst you?  |  |   |  |  |                               |                          |
|  | -   | to Part 2.   | _   |  |  |   |  |  |                               |                          |
| ┌                                      | Yes.  |  |   |  |  |   |  |  |                               |                          |
|  |   | our priority unsecured cl  | aims. If a credito  | or has more than   | n one priority un  | secured clai                                  | m. list the creditor   | separately for each  | claim. For                    |                          |
|  | -   | listed, identify what type o   |   |  | · · ·  |   |  | •  |                               |                          |
|  |   | amounts. As much as pos<br>claims, fill out the Continu  |   | •  |  | ŭ   | •  |  |                               |                          |
|  |   | lanation of each type of cl  | <del>-</del>  |  |  | · ·   |  | other creditors in re  | art 5.                        |                          |
|  |   |  |   |  |  |   |  | Total claim  | Priority                      | Nonpriority              |
|  |   |  |   |  |  |   |  |  | amount                        | amount                   |
| Part                                   | 2: L  | ist All of Your NONPRIORI  | TY Unsecured C  | Claims   |  |   |  |  |                               |                          |
| 3. <b>Do</b>                           | any cred  | ditors have nonpriority u  | nsecured claims   | s against you?   |  |   |  |  |                               |                          |
|  | No. You   | u have nothing to report in  | this part. Subn   | mit this form to th  | e court with you   | ur other sche                                 | edules.  |  |                               |                          |
|  | Yes.  |  |   |  |  |   |  |  |                               |                          |
| noi                                    | npriority u   | our nonpriority unsecure<br>unsecured claim, list the c<br>Part 1. If more than one cout the Continuation Page of  | reditor separatel<br>reditor holds a p  | ely for each claim   | . For each claim   | n listed, iden                                | tify what type of cla  | aim it is. Do not list   | claims already                | T                        |
| 4.1                                    | Advocat   | te Condell Immediate Care  | e Center  | Last 4 digits of   | account number   | r   |  |  |                               | Total claim<br>\$_500.00 |
|  | Creditor's N  |  |   |  |  | 2017  |  |  |                               |                          |
|  | Number  | Int Club Road Street   |   | When was the o   | lept incurred?   | 2017  |  |  |                               |                          |
|  | 110111501   | 0.000  |   | As of the date v   | ou file, the claim   | nie: Chack a                                  | Il that apply  |  |                               |                          |
|  |   |  |   | Contingent   | ou me, me ciam   | ii is. Check a                                | іі шасарріу.   |  |                               |                          |
|  | Gurnee  | IL   | 60031   | Unliquidated   |  |   |  |  |                               |                          |
| w                                      | City<br>ho owes   | State the debt? Check one.   | Zip Code  | Disputed   |  |   |  |  |                               |                          |
|  | Debtor 1  |  |   | _  |  |   |  |  |                               |                          |
|  | Debtor 2  | 2 only   |   | Type of NONPR  | NORITY unsecur   | ed claim:                                     |  |  |                               |                          |
|  | Debtor 1  | I and Debtor 2 only  |   | Student loans  | ;  |   |  |  |                               |                          |
|  | At least  | one of the debtors and anothe  | er  | _  | rising out of a sepa   | -   | nent or divorce  |  |                               |                          |
|  | _   | if this claim relates to a   |   | _  | ot report as priority  |   | other aimiler delte  |  |                               |                          |
| Is                                     |   | inity debt<br>n subject to offest?   |   | L Debts to pens  | non or protit-snarir   | ny pians, and                                 | other similar debts  |  |                               |                          |
|  | No  | -  |   | Other. Specif  | yMedical/Der   | ntal Services                                 | S  |  |                               |                          |
|  | Yes   |  |   |  |  |   |  |  |                               |                          |

Filed 12/11/17 Entered 12/11/17 13:09:24 Desc Main Case 17-36630 Doc 1 Page 20 of 55 Number (if known) **Document** Lisa Michelle Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 

| 4.2 | Amexdsnb   | Last 4 digits of account number NULL   | <u>\$ 267.00</u>    |
|-----|--|--|---------------------|
|     | Creditor's Name                                    |  |                     |
|     | 9111 Duke Blvd                                     | When was the debt incurred? 2003-2017  |                     |
|     | Number Street                                      |  |                     |
|     |  | As a fide a data constitue than a laborate and a finite a |                     |
|     |  | As of the date you file, the claim is: Check all that apply.   |                     |
|     | Mason OH 45040                                     | Contingent   |                     |
|     |  | Unliquidated   |                     |
|     | City State Zip Code Who owes the debt? Check one.  | Disputed   |                     |
|     |  |  |                     |
|     | Debtor 1 only                                      |  |                     |
|     | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:   |                     |
|     | Debtor 1 and Debtor 2 only                         | Student loans  |                     |
|     | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce   |                     |
|     | Check if this claim relates to a                   | that you did not report as priority claims   |                     |
|     | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                     |
|     | Is the claim subject to offest?                    |  |                     |
|     | No   | Other. Specify   |                     |
|     | Yes  |  |                     |
| 4.3 | AVANT  | Last 4 digits of account number 3682   | <b>\$</b> 10,881.00 |
| 7.0 | Creditor's Name                                    | • ······ · · · · · · · · · · · · · · ·   |                     |
|     | 222 N. Lasalle Suite 170                           | When was the debt incurred? 2016-2017  |                     |
|     | Number Street                                      | <del></del>  |                     |
|     | Number Street                                      |  |                     |
|     |  | As of the date you file, the claim is: Check all that apply.   |                     |
|     |  | Contingent   |                     |
|     | Chicago IL 60601                                   | Unliquidated   |                     |
|     | City State Zip Code                                | Disputed   |                     |
|     | Who owes the debt? Check one.                      |  |                     |
|     | Debtor 1 only                                      |  |                     |
|     | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:   |                     |
|     | Debtor 1 and Debtor 2 only                         | Student loans  |                     |
|     | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce   |                     |
|     | Check if this claim relates to a                   | that you did not report as priority claims   |                     |
|     | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                     |
|     | Is the claim subject to offest?                    |  |                     |
|     | No   | Other. Specify Personal Loan   |                     |
|     | Yes  | Cation Opposity  |                     |
| 4.4 | Barclays BANK Delaware                             | Last 4 digits of account numberNULL  | \$ 604.00           |
| 7.7 | Creditor's Name                                    | • ······ · · · · · · · · · · · · · · ·   |                     |
|     | Po Box 8803  | When was the debt incurred? 2012-2017  |                     |
|     | Number Street                                      | <del></del>  |                     |
|     |  |  |                     |
|     |  | As of the date you file, the claim is: Check all that apply.   |                     |
|     | Wilesia ster                                       | Contingent   |                     |
|     | Wilmington DE 19899                                | Unliquidated   |                     |
|     | City State Zip Code  Who owes the debt? Check one. | Disputed   |                     |
|     |  |  |                     |
|     | Debtor 1 only                                      |  |                     |
|     | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:   |                     |
|     | Debtor 1 and Debtor 2 only                         | Student loans  |                     |
|     | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce   |                     |
|     | Check if this claim relates to a                   | that you did not report as priority claims   |                     |
|     | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                     |
|     | Is the claim subject to offest?                    |  |                     |
|     | No   | Other. Specify Credit Card or Credit Use   |                     |
|     | Yes  | Other: Openity   |                     |
|     |  |  |                     |

Doc 1 Filed 12/11/17 Entered 12/11/17 13:09:24 Desc Main Case 17-36630 Page 21 of 55 Case Number (if known) Document Lisa Michelle Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** BK OF AMER \$ 5.925.00

| 4.5 | BROTAMER   | Last 4 digits of account number                                      | <b>3</b> 0,020.00 |
|-----|--|--|-------------------|
|     | Creditor's Name                                    | When was the debt incurred? 2015-2017                                |                   |
|     | Po Box 982238                                      | When was the debt incurred?  |                   |
|     | Number Street                                      |  |                   |
|     |  | As of the date you file, the claim is: Check all that apply.         |                   |
|     | FI D   | Contingent   |                   |
|     | El Paso TX 79998                                   | Unliquidated   |                   |
|     | City State Zip Code  Who owes the debt? Check one. | Disputed   |                   |
|     | Debtor 1 only                                      | _  |                   |
|     | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                 |                   |
|     | Debtor 1 and Debtor 2 only                         | Student loans  |                   |
|     | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce         |                   |
|     | =  | that you did not report as priority claims                           |                   |
|     | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts    |                   |
|     | Is the claim subject to offest?                    | bests to perision of profit-straining plans, and other similar desis |                   |
|     | No   | Other. Specify Credit Card or Credit Use                             |                   |
|     | Yes  | Offici. Opcomy   |                   |
| 4.6 | CAP1/Carsn   | Last 4 digits of account number NULL                                 | \$ <u>0.00</u>    |
|     | Creditor's Name                                    |  |                   |
|     | 26525 N Riverwoods Blvd                            | When was the debt incurred? 2011-2012                                |                   |
|     | Number Street                                      |  |                   |
|     |  | As of the date you file, the claim is: Check all that apply.         |                   |
|     |  | Contingent   |                   |
|     | Mettawa IL 60045                                   | Unliquidated   |                   |
|     | City State Zip Code                                | Disputed   |                   |
|     | Who owes the debt? Check one.                      |  |                   |
|     | Debtor 1 only                                      |  |                   |
|     | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                 |                   |
|     | Debtor 1 and Debtor 2 only                         | Student loans  |                   |
|     | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce         |                   |
|     | Check if this claim relates to a                   | that you did not report as priority claims                           |                   |
|     | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts    |                   |
|     | Is the claim subject to offest?                    | Overally Overal are Overally University                              |                   |
|     | <b>=</b>   | Other. Specify Credit Card or Credit Use                             |                   |
| 4.7 | Yes<br>Chase CARD                                  | Last 4 digits of account number NULL                                 | <b>\$</b> 304.00  |
| 4.7 | Creditor's Name                                    | Last 4 digits of account number                                      | Ψ <u>σσποσ</u>    |
|     | Po Box 15298                                       | When was the debt incurred? 2014-2017                                |                   |
|     | Number Street                                      |  |                   |
|     |  | As of the date way file the plains in Charles II that sault.         |                   |
|     |  | As of the date you file, the claim is: Check all that apply.         |                   |
|     | Wilmington DE 19850                                | Contingent   |                   |
|     | City State Zip Code                                | Unliquidated   |                   |
|     | Who owes the debt? Check one.                      | Disputed   |                   |
|     | Debtor 1 only                                      |  |                   |
|     | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                 |                   |
|     | Debtor 1 and Debtor 2 only                         | Student loans  |                   |
|     | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce         |                   |
|     | Check if this claim relates to a                   | that you did not report as priority claims                           |                   |
|     | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts    |                   |
|     | Is the claim subject to offest?                    |  |                   |
|     | No   | Other. Specify Credit Card or Credit Use                             |                   |
| 1   | T <sub>Vec</sub>                                   |  |                   |

Record # 755305

Doc 1 Filed 12/11/17 Entered 12/11/17 13:09:24 Desc Main Case 17-36630 Page 22 of 55 Case Number (if known) **Document** Lisa Michelle Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 48 CITI \$ 1,360.00 Last 4 digits of account number

| 4.0  | Last 4 digits of account flumber                                   | <del>-</del> /     |
|--|--|--------------------|
| Creditor's Name                                    | 2042-2047  |                    |
| Po Box 6241  | When was the debt incurred? 2012-2017                              |                    |
| Number Street                                      |  |                    |
|  | As of the date you file the plains in Charles II that are by       |                    |
|  | As of the date you file, the claim is: Check all that apply.       |                    |
| Ciama Falla CD 57447                               | Contingent   |                    |
| Sioux Falls SD 57117                               | Unliquidated   |                    |
| City State Zip Code                                | Disputed   |                    |
| Who owes the debt? Check one.                      |  |                    |
| Debtor 1 only                                      |  |                    |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                    |
| Debtor 1 and Debtor 2 only                         | Student loans  |                    |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce       |                    |
|  | that you did not report as priority claims                         |                    |
| Check if this claim relates to a                   |  |                    |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                    |
| Is the claim subject to offest?                    |  |                    |
| No   | Other. Specify Credit Card or Credit Use                           |                    |
| Yes  |  |                    |
| 4.9 CITI   | Last 4 digits of account number NULL                               | <b>\$</b> 4,699.00 |
| Creditor's Name                                    |  |                    |
| Po Box 6241  | When was the debt incurred? 2008-2017                              |                    |
| Number Street                                      |  |                    |
|  |  |                    |
|  | As of the date you file, the claim is: Check all that apply.       |                    |
|  | Contingent   |                    |
| Sioux Falls SD 57117                               | Unliquidated   |                    |
| City State Zip Code                                | Disputed   |                    |
| Who owes the debt? Check one.                      | Disputed   |                    |
| Debtor 1 only                                      |  |                    |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                    |
| Debtor 1 and Debtor 2 only                         | Student loans  |                    |
| <b> </b>   | Obligations arising out of a separation agreement or divorce       |                    |
| At least one of the debtors and another            |  |                    |
| Check if this claim relates to a                   | that you did not report as priority claims                         |                    |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                    |
| Is the claim subject to offest?                    |  |                    |
| No   | Other. Specify Credit Card or Credit Use                           |                    |
| Yes  |  |                    |
| 4.10 COMENITY BANK/Carsons                         | Last 4 digits of account number NULL                               | <u>\$ 74.00</u>    |
| Creditor's Name                                    |  |                    |
| Po Box 182789                                      | When was the debt incurred? 2011-2017                              |                    |
| Number Street                                      |  |                    |
|  |  |                    |
|  | As of the date you file, the claim is: Check all that apply.       |                    |
| 0.11 40040   | Contingent   |                    |
| Columbus OH 43218                                  | Unliquidated   |                    |
| City State Zip Code  Who owes the debt? Check one. | Disputed   |                    |
|  | <b>□</b> ·   |                    |
| Debtor 1 only                                      |  |                    |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                    |
| Debtor 1 and Debtor 2 only                         | Student loans  |                    |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce       |                    |
| Check if this claim relates to a                   | that you did not report as priority claims                         |                    |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                    |
| Is the claim subject to offest?                    | Debte to periolon or prontestialing plane, and other similar debte |                    |
| No   | Cradit Card or Cradit Lie  |                    |
|  | Other. Specify Credit Card or Credit Use                           |                    |
| Yes  |  |                    |

Record # 755305

Doc 1 Filed 12/11/17 Entered 12/11/17 13:09:24 Desc Main Case 17-36630 Page 23 of 55 Case Number (if known) Document Lisa Michelle Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** COMENITY BANK/Roompice **\$** 920.00 Last 4 digits of account number \_\_\_\_ Creditor's Name 2010-2017

| Po Box 182789                           | When was the debt incurred?                                       |                    |
|---|---|--------------------|
| Number Street                           |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
| <del></del>                             |   |                    |
| Columbus OH 43218                       | Contingent  |                    |
| City State Zip Code                     | Unliquidated  |                    |
| Who owes the debt? Check one.           | Disputed  |                    |
| Debtor 1 only                           |   |                    |
| Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only              | Student loans   |                    |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a        | that you did not report as priority claims                        |                    |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?         |   |                    |
| No                                      | Other. Specify Credit Card or Credit Use                          |                    |
| Yes                                     | Office: Opening   |                    |
| 4.12 Discover FIN SVCS LLC              | Last 4 digits of account number NULL                              | <b>\$</b> 4,860.00 |
| Creditor's Name                         | <del></del>   |                    |
| Po Box 15316                            | When was the debt incurred? 2010-2017                             |                    |
| Number Street                           |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
|   | Contingent  |                    |
| Wilmington DE 19850                     | ☐ Contingent  |                    |
| City State Zip Code                     |   |                    |
| Who owes the debt? Check one.           | Disputed  |                    |
| Debtor 1 only                           |   |                    |
| Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only              | Student loans   |                    |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a        | that you did not report as priority claims                        |                    |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?         |   |                    |
| No                                      | Other. Specify Credit Card or Credit Use                          |                    |
| Yes                                     |   |                    |
| 4.13 Macy's/DSNB                        | Last 4 digits of account number                                   | \$ <u>400.00</u>   |
| Creditor's Name                         |   |                    |
| PO Box 9001094                          | When was the debt incurred?                                       |                    |
| Number Street                           |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
|   | Contingent  |                    |
| Louisbille KY 40290                     | Unliquidated  |                    |
| City State Zip Code                     | Disputed  |                    |
| Who owes the debt? Check one.           |   |                    |
| Debtor 1 only                           |   |                    |
| Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only              | Student loans   |                    |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a        | that you did not report as priority claims                        |                    |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?         | <u>_</u>  |                    |
| No                                      | Other. Specify Credit Card or Credit Use                          |                    |
| Yes                                     |   |                    |

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|         |            | Cu3C 17 30030 | DUCI |           |                               |        | DC3C Main |
|---------|------------|---------------|------|-----------|-------------------------------|--------|-----------|
| ebtor 1 | Lisa       | Michelle      |      | Document  | Page 24 of 55 Case Number (if | known) |           |
|         | First Name | Middle Name   |      | Last Name |                               | ,      |           |

| Navient   | Last 4 digits of account number                | 2545                          | <b>\$</b> 7,836. |
|---|--|-------------------------------|------------------|
| Creditor's Name   |  | <del></del>                   | <del>+</del>     |
| 123 S Justison St Ste 30  | When was the debt incurred?                    | 2006-2017                     |                  |
| Number Street   |  |                               |                  |
|   | As of the date you file, the claim is:         | Check all that apply.         |                  |
|   | Contingent                                     | ***                           |                  |
| Wilmington DE 19801   | Unliquidated                                   |                               |                  |
| City State Zip Code no owes the debt? Check one.                    | Disputed                                       |                               |                  |
| Debtor 1 only   | _  |                               |                  |
| Debtor 2 only   | Type of NONPRIORITY unsecured of               | claim:                        |                  |
| Debtor 1 and Debtor 2 only  | Student loans                                  |                               |                  |
| At least one of the debtors and another                             | Obligations arising out of a separati          | on agreement or divorce       |                  |
| Check if this claim relates to a                                    | that you did not report as priority cla        | aims                          |                  |
| community debt  | Debts to pension or profit-sharing p           | lans, and other similar debts |                  |
| the claim subject to offest?  |  |                               |                  |
| No  | Other. Specify                                 |                               |                  |
| Yes Sprint  | Look 4 digita of account when                  |                               | <b>\$</b> 100.00 |
| Creditor's Name   | Last 4 digits of account number                | <del></del>                   | \$ <u>100.00</u> |
| PO Box 7949   | When was the debt incurred?                    |                               |                  |
| Number Street   |  |                               |                  |
|   | As of the date you file, the claim is:         | Check all that apply          |                  |
|   | Contingent                                     | Chook all that apply.         |                  |
| Overland Park KS 66207  | Unliquidated                                   |                               |                  |
| City State Zip Code   | Disputed                                       |                               |                  |
| no owes the debt? Check one.  | Bisputed                                       |                               |                  |
| Debtor 1 only   | T ( NONDRIODITY                                | det                           |                  |
| Debtor 2 and Debtor 3 ank   | Type of NONPRIORITY unsecured of Student loans | ciaim:                        |                  |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another | Obligations arising out of a separati          | on agreement or divorce       |                  |
|   | that you did not report as priority cla        |                               |                  |
| Check if this claim relates to a community debt                     | Debts to pension or profit-sharing p           |                               |                  |
| the claim subject to offest?  |  |                               |                  |
| No  | Other. Specify Utility Bills/Cell              | ular Service                  |                  |
| Yes   |  |                               |                  |
| Syncb/WALMART DC  | Last 4 digits of account number                | NULL                          | \$ <u>3,118.</u> |
| Creditor's Name<br>Po Box 965024                                    | When was the debt incurred?                    | 2015-2017                     |                  |
| Number Street   | Mich was the dept incurred?                    |                               |                  |
| Number Sucet  |  |                               |                  |
|   | As of the date you file, the claim is:         | Check all that apply.         |                  |
| Orlando FL 32896  | Contingent                                     |                               |                  |
| City State Zip Code   | Unliquidated                                   |                               |                  |
| no owes the debt? Check one.  | Disputed                                       |                               |                  |
| Debtor 1 only   |  |                               |                  |
| Debtor 2 only   | Type of NONPRIORITY unsecured                  | claim:                        |                  |
| Debtor 1 and Debtor 2 only  | Student loans                                  |                               |                  |
| At least one of the debtors and another                             | Obligations arising out of a separati          |                               |                  |
| Check if this claim relates to a                                    | that you did not report as priority cla        |                               |                  |
| community debt  | Debts to pension or profit-sharing p           | lans, and other similar debts |                  |
| the claim subject to offest?<br>No                                  | Condit Cond                                    | Crodit Hao                    |                  |
| No<br>Yes   | Other. Specify Credit Card or                  | Credit USE                    |                  |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Schedule E/F: Creditors Who Have Unsecured Claims

**Document** Debtor 1 Lisa Michelle

Add the Amounts for Each Type of Unsecured Claim

| 6. | Total the amounts of certain types of unsecured claims. | This information is for statistical reporting purposes only. 28 U.S.C. § 159. |
|----|---|---|
|    | Add the amounts for each type of unsecured claim.       |   |
|    |   |   |

|                          |   |     | Total claim |           |
|--------------------------|---|-----|-------------|-----------|
| Total claims from Part 1 | 6a. Domestic support obligations  | 6a. | \$          | 0.00      |
|                          | 6b. Taxes and Certain other debts you owe the government  | 6b. | \$          | 0.00      |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | \$          | 0.00      |
|                          | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                          | 6d. | \$          | 0.00      |
|                          | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e. | \$          | 0.00      |
|                          |   |     | Total claim |           |
| Total claims from Part 2 | 6f. Student loans   | 6f. | \$          | 7,836.00  |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$          | 0.00      |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$          | 0.00      |
|                          | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$          | 34,012.00 |
|                          | 6j. <b>Total.</b> Add lines 6f through 6i.  | 6j. | \$          | 41,848.00 |

| Dictator 1 Lisa Michelle Mahmood Park loors 1 Architects 1 Prince | Fill                         | in this inf   | Caco 17   |   | ilod 12/11/17  | Entered 12/11/17 13:09:24 Desc Main   |       |
|--|------------------------------|---|---|---|--|---|-------|
| Dottor 2   Dottor 2   State   Parathere   Mode have   Lastiane   L | 17111                        | iii tiiis iiii  | ormation to iden  | iliny your case.  |  | 6 of 55   |       |
| Debtor 2   | Deb                          | otor 1  |   |   |  |   |       |
| United States Bathrapty Court for the: _NORTHERN_ Desired of _LLINOSS  | Del                          | otor 2  | riist Name  | Middle Name   | Last Name  |   |       |
| Check if this is a a mended filing   | (Spor                        | use, if filing)   | First Name  | Middle Name   | Last Name  |   |       |
| Check if this is a amended filing  Official Form 106G  Schedule G: Executory Contracts and Unexpired Leases  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional pages, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).    No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.   Yes. Fill in all of the information below even if the contracts or leases are listed in Schedule A/B: Property (Official Form 108A/B)  2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.  Person or company with whom you have the contract or lease  State what the contract or lease is for  2.1    Name   | Uni                          | ted States I  | Bankruptcy Court fo   | r the : <u>NORTHERN</u> District of <u>l</u>  |  |   |       |
| Official Form 106G Schedule G: Executory Contracts and Unexpired Leases 8- as complete and accurate as posable. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).  Do you have any executory contracts or unexpired leases?  No. Check this box and submit this form to the count with your other schedules. You have nothing else to report on this form.  Ves. Fill in all of the information below even if the contracts or leases are listed in Schedule Al8: Property (Official Form 108A/B)  2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.  Person or company with whom you have the contract or lease  State what the contract or lease is for  2.1  Name Namber Street  City Street  Street  Renne Namber Namber Street  Renne Namber Namber Street  Renne Namber Street  Renne Namber Namber Street  Renne Namber Namber Street  Renne Namber Namber Namber Street  Renne Namber Nam |                              |   |   |   | (State)  | Check if this is an   |       |
| Be accomplete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).  1. Do you have any executory contracts or unexpired leases?  2. In the parallely each person or company with whom you have the contract or leases are listed in Schedule A/B: Property (Official Form 106A/B)  2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.  Person or company with whom you have the contract or lease  State what the contract or lease is for  2.1  Name  Number  Street  City  State Zp Code  State Zp Code  State Zp Code  2.4  Number  Street  Street  Street  Street  Street  City  State Zp Code   |                              |   | 1000  |   |  | amended filing  |       |
| Re as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. If more space is needed, copy the additional page, I'll tout, number the entries, and attach it to this page. On the top of any additional page, I'll tout, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).  1. Do you have any executory contracts or unexpired leases?  2. List separately each person or company with whom you have the contract or lease are listed in Schedule A/B: Property (Official Form 106A/B)  2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.  Person or company with whom you have the contract or lease  State what the contract or lease is for  Person or company with whom you have the contract or lease  State what the contract or lease is for  2.1  Name  Number Street  City State Zp Code  2.2  Name  Number Street  City State Zp Code  2.4  Name  Number Street  City State Zp Code  2.5  Name  Number Street  City State Zp Code  | <u>Offic</u>                 | cial Fo   | orm 106G  |   |  |   | 12/15 |
| Person or company with whom you have the contract or lease   State what the contract or lease is for   | Be as conformaddition  1. Do | complete ation. If monal pages o you have No. Che Yes. Fill | and accurate as nore space is need, write your name any executory each this box and so in all of the informally each person | possible. If two married people ded, copy the additional page, he and case number (if known). contracts or unexpired leases? submit this form to the court with mation below even if the contract or company with whom you have | are filing together, bott fill it out, number the end of the second of t | th are equally responsible for supplying correct notries, and attach it to this page. On the top of any ou have nothing else to report on this form.  Schedule A/B: Property (Official Form 106A/B)  Then state what each contract or lease is for (for |       |
| Name   | une                          | expired le  | ases.   |   |  |   |       |
| Name   | 24                           |   |   |   |  |   |       |
| Number   Street   State   Zip Code   | 2.1                          | Name  |   |   |  | -   |       |
| City   State   Zip Code  |                              |   |   |   |  | -   |       |
| Name   Number   Street   |                              | Number  | Street  |   |  |   |       |
| Name Number Street  City State Zip Code  2.3  Name Number Street  City State Zip Code  |                              | City  |   | State Zip 0   | Code   | -   |       |
| Number   Street  | 2.2                          |   |   |   |  |   |       |
| City   State   Zip Code  |                              | Name  |   |   |  |   |       |
| 2.3   Name   Number   Street   |                              | Number  | Street  |   |  | -   |       |
| Number Street  City State Zip Code  2.4  Name Number Street  City State Zip Code   |                              | City  |   | State Zip 0   | Code   | -   |       |
| Number Street  City State Zip Code  2.4  Name  Number Street  City State Zip Code  | 2.3                          |   |   |   |  |   |       |
| City         State         Zip Code           2.4         Name         Number         Street           City         State         Zip Code   |                              | Name  |   |   |  | -   |       |
| Number Street  City State Zip Code   |                              | Number  | Street  |   |  | -   |       |
| Number Street  City State Zip Code   |                              | City  |   | State Zip 0   | Code   | -   |       |
| Number Street  City State Zip Code   | 2.4                          |   |   |   |  |   |       |
| City State Zip Code  |                              | Name  |   |   |  | -   |       |
|  |                              | Number  | Street  |   |  | -   |       |
| 25   |                              | City  |   | State Zip 0   | Code   | -   |       |
| 2.0  | 2.5                          |   |   |   |  |   |       |
| Name   |                              | Name  |   | -   |  | -   |       |
| Number Street  |                              | Number  | Street  |   |  | -   |       |

State Zip Code

City

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| Fill in this in   | Fill in this information to identify your case: |             |           |  |  |  |  |  |
|---|---|-------------|-----------|--|--|--|--|--|
| Debtor 1  | Lisa  | Michelle    | Mahmood   |  |  |  |  |  |
|   | First Name                                      | Middle Name | Last Name |  |  |  |  |  |
| Debtor 2  | -   |             |           |  |  |  |  |  |
| (Spouse, if filing)   | First Name                                      | Middle Name | Last Name |  |  |  |  |  |
| United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)  Case Number |   |             |           |  |  |  |  |  |
| Case Number   |   |             |           |  |  |  |  |  |
| (If known)  | (If known)                                      |             |           |  |  |  |  |  |

# Official Form 106H

**Schedule H: Your Codebtors** 

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any Additional Pages, write your name and case number (if known). Answer every question. |                 |                                   |  |                 |  |  |  |
|--|-----------------|-----------------------------------|--|-----------------|--|--|--|
| 1. <b>D</b> (  | o you have aı   | ny codebtors? (If you are         | filing a joint case, do not list eith                        | ner spouse as a | codebtor.)   |  |  |
| No.  |                 |                                   |  |                 |  |  |  |
|  | Yes             |                                   |  |                 |  |  |  |
|  |                 | =                                 | n a community property state ovada, New Mexico, Puerto Rico, |                 | ommunity property states and territories include gton, and Wisconsin.)           |  |  |
|  | No. Go to I     | ine 3.                            |  |                 |  |  |  |
|  |                 | our spouse, former spous          | e, or legal equivalent live with yo                          | ou at the time? |  |  |  |
|  | ∐ No<br>□ Vos I | nwhich community state of         | or territory did you live?                                   |                 | Fill in the name and current address of that person.                             |  |  |
|  | 1 es. 1         | nwhich community state t          | or territory did you live:                                   |                 | This is the finance and current address of that person.                          |  |  |
|  | Name of         | your spouse, former spouse or leg | gal equivalent   |                 |  |  |  |
|  | Number          | Street                            |  |                 |  |  |  |
|  | City            |                                   | State  | Zip Cod         | e  |  |  |
| S  | chedule D (O    | -                                 | lule E/F (Official Form 106E/F),                             | •               | ke sure you have listed the creditor on<br>(Official Form 106G). Use Schedule D, |  |  |
|  | Column 1: Yo    | our codebtor                      |  |                 | Column 2: The creditor to whom you owe the debt                                  |  |  |
|  |                 |                                   |  |                 | Check all schedules that apply:  |  |  |
| 3.1  |                 |                                   |  |                 | Schedule D, line   |  |  |
|  | Name            |                                   |  |                 | Schedule E/F, line   |  |  |
|  | Number          | Street                            |  |                 | Schedule G, line   |  |  |
|  | City            |                                   | State  | Zip Code        |  |  |  |
| 3.2  |                 |                                   |  |                 | Schedule D, line   |  |  |
|  | Name            |                                   |  |                 | Schedule E/F, line   |  |  |
|  | Number          | Street                            |  |                 | Schedule G, line   |  |  |
|  | City            |                                   | State  | Zip Code        |  |  |  |
| 3.3  |                 |                                   |  |                 | Schedule D, line   |  |  |
|  | Name            |                                   |  |                 | Schedule E/F, line   |  |  |
|  | Number          | Street                            |  |                 | Schedule G, line   |  |  |
|  | City            |                                   | State  | Zip Code        |  |  |  |

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| Fill in this in     | formation to ident   | ify your case:                        |              |
|---------------------|----------------------|---------------------------------------|--------------|
| Debtor 1            | Lisa                 | Michelle                              | Mahmood      |
|                     | First Name           | Middle Name                           | Last Name    |
| Debtor 2            | ·                    | · · · · · · · · · · · · · · · · · · · | <del> </del> |
| (Spouse, if filing) | First Name           | Middle Name                           | Last Name    |
| United States       | Bankruptcy Court for | the : <u>NORTHERN DISTRICT C</u>      | DF ILLINOIS  |
|                     | r                    |                                       |              |
| (If known)          |                      |                                       |              |
|                     |                      |                                       |              |
|                     |                      |                                       |              |

| Official | Form   | 1061 |
|----------|--------|------|
| Official | LOIIII | 1001 |

ing date: MM / DD / YYYY

**Schedule I: Your Income** 

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa  | Describe Employment  |   |   |              |                                   |
|---|--|---|---|--------------|-----------------------------------|
| 1.  | Fill in your employment information  |   | Debtor 1  |              | Debtor 2 or non-filing spouse     |
|   | If you have more than one job, attach a separate page with information about additional employers. | Employment status   | X Employed Not employed                                   |              | Employed  Not employed            |
|   | Include part-time, seasonal, or self-employed work.  | Occupation  | Payroll Specialist  |              |                                   |
|   | Occupation may Include student or homemaker, if it applies.  | Employers name<br>Employers address   | Presence Care Tra<br>200 S Wacker Dr<br>Chicago, IL 60606 |              | ,                                 |
|   |  | How long employed there?  | Since 3/1/2000  |              |                                   |
| Pa  | art 2: Give Details About Month  | ly Income   |   |              |                                   |
|   | spouse unless you are separated. If you or your non-filing spouse ha                               | the date you file this form. If you have more than one employer, comboce, attach a separate sheet to this | oine the information for a                                |              |                                   |
|   |  |   |   | For Debtor 1 | For Debtor 2 or non-filing spouse |
| 2.  | List monthly gross wages, salar deductions). If not paid monthly,                                  | •   | \$4,070.97  | \$0.00       |                                   |
| 3.  | Estimate and list monthly overt  |   | \$0.00  | \$0.00       |                                   |
| 4. Calculate gross income. Add line 2 + line 3. |  |   |   | \$4,070.97   | \$0.00                            |

Official Form 106I Record # 755305 Schedule I: Your Income Page 1 of 2 Case 17-36630 Doc 1 Filed 12/11/17 Entered 12/11/17 13:09:24 Desc Main Document Page 29 of 55

Debtor 1 Lisa Michelle Document Mahmood
First Name Middle Name Last Name

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Case Number (if known)

|                |              |   |                                  | For Debtor 1                            |         | ebtor 2 or<br>ing spouse                          |     |            |
|----------------|--------------|---|----------------------------------|---|---------|---|-----|------------|
|                | Сору         | line 4 here   | 4.                               | \$4,070.97                              |         | \$0.00  |     |            |
| 5. <b>Li</b> : |              | payroll deductions:   | _                                |   |         |   |     |            |
|                |              | ax, Medicare, and Social Security deductions  | 5a.                              | \$814.19                                |         | \$0.00  |     |            |
|                |              | landatory contributions for retirement plans  | 5b.<br>—                         | \$0.00                                  |         | \$0.00  |     |            |
|                | 5c. <b>V</b> | oluntary contributions for retirement plans   | 5c.<br>—                         | \$0.00                                  |         | \$0.00  |     |            |
|                |              | lequired repayments of retirement fund loans  | 5d.<br>                          | \$0.00                                  |         | \$0.00  |     |            |
|                |              | nsurance  | 5e.                              | \$160.10                                |         | \$0.00  |     |            |
|                |              | omestic support obligations   | 5f.<br>                          | \$0.00                                  |         | \$0.00  |     |            |
|                | -            | Inion dues  | 5g.                              | \$0.00                                  |         | \$0.00  |     |            |
|                |              | ther deductions. Specify:Life Insurance(D1), LTD(D1),   | 5h.<br>                          | \$33.50                                 |         | \$0.00  |     |            |
|                |              | <b>payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.  | 6.<br>_ <b>=</b>                 | \$1,007.78                              | _       | \$0.00  |     |            |
|                |              | te total monthly take-home pay. Subtract line 6 from line 4.  | 7.                               | \$3,063.19                              |         | \$0.00  |     |            |
| 8. Lis         |              | other income regularly received:  |                                  |   |         |   |     |            |
|                | 8a.          | Net income from rental property and from operating a business,  |                                  |   |         |   |     |            |
|                |              | profession, or farm   |                                  |   |         |   |     |            |
|                |              | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |                                  |   |         |   |     |            |
|                |              | monthly net income.   | 8a.                              | \$0.00                                  |         | \$0.00  |     |            |
|                | 8b.          | Interest and dividends  | 8b.                              | \$0.00                                  |         | \$0.00  |     |            |
|                | 8c.          | Family support payments that you, a non-filing spouse, or a   | 8c.                              | \$ 0.00                                 |         | \$ 0.00   |     |            |
|                |              | dependent regularly receive   |                                  |   |         |   |     |            |
|                |              | Include alimony, spousal support, child support, maintenance, divorce   |                                  |   |         |   |     |            |
|                |              | settlement, and property settlement.  |                                  |   |         |   |     |            |
|                | 8d.          | Unemployment compensation   | 8d                               | \$0.00                                  |         | \$0.00  |     |            |
|                | 8e.          | Social Security   | 8e.<br>                          | \$0.00                                  |         | \$0.00  |     |            |
|                | 8f.          | Other government assistance that you regularly receive  | 8f.                              | \$0.00                                  |         | \$0.00  |     |            |
|                |              | Include cash assistance and the value (if known) of any non-cash  |                                  |   |         |   |     |            |
|                |              | assistance that you receive, such as food stamps (benefits under the  |                                  |   |         |   |     |            |
|                |              | Supplemental Nutrition Assistance Program) or housing subsidies.  |                                  |   |         |   |     |            |
|                | •            | Specify:  |                                  |   |         |   |     |            |
|                | 8g.          | Pension or retirement income  | 8g.<br>—                         | \$0.00                                  |         | \$0.00  |     |            |
|                | 8h.          | Other monthly income. Specify:  | 8h.<br>—                         | \$0.00                                  |         | \$0.00  |     |            |
| 9.             | Add          | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9                                | \$0.00                                  |         | \$0.00  |     |            |
| 10.            | Calc         | ulate monthly income. Add line 7 + line 9.  | 10.                              | \$3,063.19 +                            |         | \$0.00 =  |     | \$3,063.19 |
|                | Add          | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |                                  | , |         | <del>, , , , , , , , , , , , , , , , , , , </del> |     | 40,000     |
|                | Incluother   | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are notify: | our dependent<br>ot available to | ,                                       |         |   | 11. | \$0.00     |
| 12.            | Add          | the amount in the last column of line 10 to the amount in line 11. The res  | ult is the com                   | bined monthly income.                   |         |   | _   |            |
|                |              | that amount on the Summary of Schedules and Statistical Summary of Ce   |                                  | s and Related Data, if it               | applies |   | 12. | \$3,063.19 |
| 13.            | <u>x</u> 1   | ou expect an increase or decrease within the year after you file this form<br>No.<br>⁄es. Explain:  | ?                                |   |         |   |     |            |

| Fill in this in                 | formation to identify you                           | ur case:                    |   |   |  |                                |
|---------------------------------|---|-----------------------------|---|---|--|--------------------------------|
| Debtor 1                        | Lisa  | Michelle                    | Mahmood   | Check if this is  | :  |                                |
| D.H. O                          | First Name  | Middle Name                 | Last Name   | An amen   | ŭ  |                                |
| Debtor 2<br>(Spouse, if filing) | First Name  | Middle Name                 | Last Name   |   | ment snowing pos<br>s of the following o | t-petition chapter 13<br>date: |
| United States                   | Bankruptcy Court for the : _                        | NORTHERN DISTRICT C         | F ILLINOIS  |   |  |                                |
| Case Number                     | r   |                             | _   | MM / DD   | / YYYY                                   |                                |
| Official F                      | orm 106 l   |                             |   |   | =  | 2 because Debtor 2             |
|                                 | orm 106J  |                             |   | — maintains   | s a separate house                       | ehold.                         |
|                                 | e J: Your Exp                                       |                             |   |   |  | 12/14                          |
| -                               | -   |                             |   | re equally responsible for suppl<br>es, write your name and case no |  |                                |
| Part 1:                         | Describe Your Household                             |                             |   |   |  |                                |
| 1. Is this a joi                | int case?   |                             |   |   |  |                                |
|                                 | Go to line 2.                                       |                             |   |   |  |                                |
| Yes.                            | Does Debtor 2 live in a s                           | eparate nousenoid?          |   |   |  |                                |
|                                 |   | t file a separate Schedul   | e J.  |   |  |                                |
| 2. Do you l                     | have dependents?                                    | X No                        |   |   |  |                                |
| _                               | st Debtor 1 and                                     | H                           | this information for                                      | Dependent's relationship to<br>Debtor 1 or Debtor 2                 | Dependent's age                          | Does dependent live with you?  |
| Debtor 2                        |   |                             | dent  |   |  | X No                           |
|                                 | tate the dependents'                                |                             |   |   |  | Yes                            |
| names.                          |   |                             |   |   |  | X No                           |
|                                 |   |                             |   |   |  | Yes X No                       |
|                                 |   |                             |   |   |  | Yes                            |
|                                 |   |                             |   |   |  | x No                           |
|                                 |   |                             |   |   |  | Yes                            |
|                                 |   |                             |   |   |  | X No                           |
|                                 |   |                             |   |   |  | Yes                            |
| _                               | expenses include                                    | X No                        |   |   |  |                                |
|                                 | s of people other than and your dependents?         | Yes                         |   |   |  |                                |
| Part 2:                         | Estimate Your Ongoing Mo                            | nthly Expenses              |   |   |  |                                |
| _                               |   |                             |   | as a supplement in a Chapter 1                                      | -  |                                |
| the applicable                  |   | ptcy is filed. If this is a | supplemental <i>Scriedule 3</i> , t                       | check the box at the top of the fo                                  | orm and mi m                             |                                |
|                                 | •   | -                           | nce if you know the value<br>Income (Official Form 106l.) |   |  | Your expenses                  |
|                                 |   |                             |   |   |  |                                |
|                                 | tal or home ownership extends or the ground or lot. | xpenses for your reside     | ence. Include first mortgage                              | payments and  | 4.                                       | \$1,400.00                     |
|                                 | cluded in line 4:                                   |                             |   |   |  |                                |
| 4a. Re                          | eal estate taxes                                    |                             |   |   | 4a.                                      | \$0.00                         |
| 4b. Pro                         | operty, homeowner's, or r                           | enter's insurance           |   |   | 4b.                                      | \$0.00                         |
| 4c. Ho                          | ome maintenance, repair,                            | and upkeep expenses         |   |   | 4c.                                      | \$0.00                         |
| 4d. Ho                          | omeowner's association of                           | r condominium dues          |   |   | 4d.                                      | \$0.00                         |

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Last Name

Case Number (if known) \_

Document Lisa Michelle Debtor 1

Middle Name

First Name

|            |   |              | Your expens | es       |
|------------|---|--------------|-------------|----------|
| 5.         | Additional Mortgage payments for your residence, such as home equity loans                            | 5.           |             | \$0.00   |
| 6.         | Utilities:  |              |             |          |
|            | 6a. Electricity, heat, natural gas  | 6a.          |             | \$110.00 |
|            | 6b. Water, sewer, garbage collection  | 6b.          |             | \$0.00   |
|            | 6c. Telephone, cell phone, internet, satellite, and cable service                                     | 6c.          |             | \$125.00 |
|            | 6d. Other. Specify:   | 6d.          | \$          | 0.00     |
| 7.         | Food and housekeeping supplies  | 7.           |             | \$400.00 |
| 8.         | Childcare and children's education costs  | 8.           |             | \$0.00   |
| 9.         | Clothing, laundry, and dry cleaning   | 9.           |             | \$50.00  |
| 10.        | Personal care products and services   | 10.          |             | \$35.00  |
| 11.        | Medical and dental expenses   | 11.          |             | \$25.00  |
| 12.        | <b>Transportation.</b> Include gas, maintenance, bus or train fare.                                   | 12.          |             | \$212.00 |
| 40         | Do not include car payments.  | 42           |             | \$50.00  |
| 13.        | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.          |             | \$0.00   |
| 14.<br>15. | Charitable contributions and religious donations Insurance.   | 14.          |             | φυ.υ     |
|            | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |              |             |          |
|            | 15a. Life insurance   | 15a.         |             | \$0.0    |
|            | 15b. Health insurance   | 15b.         |             | \$0.0    |
|            | 15c. Vehicle insurance  | 15c.         |             | \$115.0  |
|            | 15d. Other insurance. Specify:  | 15d.         |             | \$0.0    |
| 16.        | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |              |             |          |
|            | Specify:  | 16.          |             | \$0.0    |
| 17.        | Installment or lease payments:  |              |             |          |
|            | 17a. Car payments for Vehicle 1   | 17a.         |             | \$535.0  |
|            | 17b. Car payments for Vehicle 2   | 17b.         |             | \$0.0    |
|            | 17c. Other. Specify:  | 17c.         |             | \$0.0    |
|            | 17d. Other. Specify:  | 17d.         |             | \$0.0    |
| 18.        | Your payments of alimony, maintenance, and support that you did not report as deducted                |              |             |          |
|            | from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                | 18.          |             | \$0.0    |
| 19.        | Other payments you make to support others who do not live with you.                                   |              |             |          |
|            | Specify:  | 19.          |             | \$0.0    |
| 20.        | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |              |             |          |
|            | 20a. Mortgages on other property  | <b>20a</b> . |             | \$ 0.0   |
|            | 20b. Real estate taxes  | 20b.         | \$          | 0.0      |
|            | 20c. Property, homeowner's, or renter's insurance   | 20c.         | \$          | 0.0      |
|            | 20d. Maintenance, repair, and upkeep expenses   | 20d.         | \$          | 0.0      |
|            | 20e. Homeowner's association or condominium dues  | 20e.         | \$          | 0.00     |

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Lisa Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$0.00 21. 21. Other. Specify: \_ 22.. Your monthly expense: Add lines 4 through 21. \$3,057.00 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$3,063.19 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$3,057.00 23b. Copy your monthly expenses from line 22 above. 23b.-\$6.19 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

Official Form 106J Record # 755305 Schedule J: Your Expenses Page 3 of 3

| Fill in this in           | formation to ider   | ntify your case:                       |                     |
|---------------------------|---------------------|--|---------------------|
| Debtor 1                  | Lisa                | Michelle                               | Mahmood             |
|                           | First Name          | Middle Name                            | Last Name           |
| Debtor 2                  |                     |  |                     |
| (Spouse, if filing)       | First Name          | Middle Name                            | Last Name           |
| United States             | Bankruptcy Court fo | or the : <u>NORTHERN</u> District of _ | ILLINOIS<br>(State) |
| Case Number<br>(If known) | -                   |  | _                   |
|                           |                     |  |                     |

## Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                                      |   |
|---|---|
| Did you pay or agree to pay someone who is NOT  | an attorney to help you fill out bankruptcy forms?  |
| No  |   |
| Yes. Name of Person                             | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
|   |   |
|   |   |
| correct.  | the summary and schedules filed with this declaration and that they are true and              |
| 40 ///  |   |
| /s/ Lisa Michelle Mahmood Signature of Debtor 1 | Signature of Debtor 2   |
| Date 12/09/2017                                 | Date  |
| MM / DD / YYYY                                  | MM / DD / YYYY  |
|   |   |

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Page 34 of 55 Document Fill in this information to identify your case: Mahmood Debtor 1 Lisa Michelle Middle Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State) Case Number Check if this is an (If known) amended filing

## Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| number (if known). Answer every question.   |   |                            |                  |                               |  |  |  |  |  |
|---|---|----------------------------|------------------|-------------------------------|--|--|--|--|--|
|   | Give Details About Your Marital Status and nat is your current marital status?  Married  Not married  | Where You Lived Before     |                  |                               |  |  |  |  |  |
|   | During the last 3 years, have you lived anywhere other than where you live now?  No.  Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |                            |                  |                               |  |  |  |  |  |
|   | Debtor 1  | Dates Debtor 1 lived there | Debtor 2:        | Dates Debtor 2<br>lived there |  |  |  |  |  |
|   | 10433 Dearlove Rd<br>Glenview IL 60025-3534   | FROM 04/2010<br>To 05/2016 | Same as Debtor 1 | Same as Debtor 1              |  |  |  |  |  |
|   | 3720 S Dearborn St<br>Chicago IL 60609-1958   | FROM 07/2015<br>To 02/2017 | Same as Debtor 1 | Same as Debtor 1              |  |  |  |  |  |
| Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  No.  Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). |   |                            |                  |                               |  |  |  |  |  |

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Debtor 1 Lisa Michelle Mahmood Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$45,311 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$45,553 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2016) Operating a business Operating a business Wages, commissions, \$45,000 Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

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Last Name

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Michelle Mahmood Case Number (if known)

| 06 | Are either Debtor 1's or Debtor 2's debts primarily consu  | umer debts?           |                                |                         |  |  |  |  |  |
|----|--|-----------------------|--------------------------------|-------------------------|--|--|--|--|--|
|    | No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as  |                       |                                |                         |  |  |  |  |  |
|    | "incurred by an individual primarily for a personal, family, or household purpose."  |                       |                                |                         |  |  |  |  |  |
|    | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?  |                       |                                |                         |  |  |  |  |  |
|    | No. Go to line 7.  |                       |                                |                         |  |  |  |  |  |
|    | Yes. List below each creditor to whom you pa   | nid a total of \$6,22 | 5* or more in one or more      | payments and the        |  |  |  |  |  |
|    | total amount you paid that creditor. Do not inc  | clude payments for    | r domestic support obligation  | ons, such as            |  |  |  |  |  |
|    | child support and alimony. Also, do not includ   |                       | •                              | -                       |  |  |  |  |  |
|    | * Subject to adjustment on 4/01/16 and every 3 years a   | after that for cases  | s filed on or after the date o | of adjustment.          |  |  |  |  |  |
|    | Yes. <b>Debtor 1 or Debtor 2 or both have primarily co</b> During the 90 days before you filed for bankrupto   |                       | y creditor a total of \$600 or | more?                   |  |  |  |  |  |
|    | _ ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '  | oy, ala you pay all   | y ordered a total of 4000 of   | more.                   |  |  |  |  |  |
|    | ☐ No. Go to line 7.  |                       |                                |                         |  |  |  |  |  |
|    | Yes. List below each creditor to whom you pa   | aid a total of \$600  | or more and the total amou     | unt you paid that       |  |  |  |  |  |
|    | creditor. Do not include payments for domesti  | ic support obligation | ons, such as child support     | and                     |  |  |  |  |  |
|    | alimony. Also, do not include payments to an   | attorney for this b   | ankruptcy case.                |                         |  |  |  |  |  |
|    |  |                       |                                |                         |  |  |  |  |  |
|    |  | Dates of              | Total amount paid              | Amount you still o      | owe Was this payment for                           |  |  |  |  |
|    |  | payments              |                                |                         |  |  |  |  |  |
|    |  |                       |                                |                         | _  |  |  |  |  |
|    | American Honda Finance 2170  | Monthly               | \$ 1,605                       | \$ 32,074               | Mortgage   |  |  |  |  |
|    | Point Blvd Ste 100 Elgin IL  |                       |                                |                         | <ul><li>■ Car</li><li>□ Credit card</li></ul>      |  |  |  |  |
|    | 60123  |                       |                                |                         | ☐ Loan repayment                                   |  |  |  |  |
|    |  |                       |                                |                         | Suppliers or vendors                               |  |  |  |  |
|    |  |                       |                                |                         | Other  |  |  |  |  |
|    |  |                       |                                |                         |  |  |  |  |  |
|    |  |                       |                                |                         |  |  |  |  |  |
|    |  |                       |                                |                         |  |  |  |  |  |
| 07 | Within 1 year before you filed for bankruptcy, did you make<br>Insiders include your relatives; any general partners; relative   |                       |                                |                         | al nartner:  |  |  |  |  |
|    | corporations of which you are an officer, director, person in  | control, or owner     | of 20% or more of their vo     | ting securities; and an | y managing   |  |  |  |  |
|    | agent, including one for a business you operate as a sole p<br>such as child support and alimony.  | proprietor. 11 U.S.   | C. § 101. Include payment      | s for domestic support  | obligations,                                       |  |  |  |  |
|    | _  |                       |                                |                         |  |  |  |  |  |
|    | ■ No.  Yes. List all payments to an insider.   |                       |                                |                         |  |  |  |  |  |
|    | Tes. List all payments to an insider.  | Dates of              | Total amount A                 | mount you still         | Reason for this payment                            |  |  |  |  |
|    |  | payment               |                                | we                      |  |  |  |  |  |
| 00 | Mishing day, and had an experience of the control o |                       |                                |                         | a martina d  |  |  |  |  |
| 00 | Within 1 year before you filed for bankruptcy, did you make an insider?  | e any payments or     | transfer any property on a     | ccount of a debt that b | enented  |  |  |  |  |
|    | Include payments on debts guaranteed or cosigned by an i   | insider.              |                                |                         |  |  |  |  |  |
|    | No.  |                       |                                |                         |  |  |  |  |  |
|    | Yes. List all payments to an insider.  |                       |                                |                         |  |  |  |  |  |
|    |  | Dates of payment      |                                | mount you still<br>we   | Reason for this payment<br>Include creditor's name |  |  |  |  |
|    | Identify Legal actions, Repossessions, and Foreclo   |                       | Para                           |                         |  |  |  |  |  |
|    | Identify Legal actions, Repossessions, and Foreclo   | 2041 C2               |                                |                         |  |  |  |  |  |
|    |  |                       |                                |                         |  |  |  |  |  |
|    |  |                       |                                |                         |  |  |  |  |  |
|    |  |                       |                                |                         |  |  |  |  |  |

Debtor 1

Lisa

First Name

Middle Name

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| Debt | or 1       | Lisa                               | Michelle  | Mahmood   | Case Number (if k  | nown)                    |                    |
|------|------------|------------------------------------|---|---|--|--------------------------|--------------------|
|      |            | First Name                         | Middle Name   | Last Name   |  |                          |                    |
| 09   | List       |                                    | ling personal injury cases,                             |   | t action, or administrative proceedin<br>s, collection suits, paternity actions, | •                        |                    |
|      |            | No.                                |   |   |  |                          |                    |
|      |            | Yes. Fill in the details.          |   |   |  |                          |                    |
| 10   |            | nin 1 year before you fil          |   | Nature of the case<br>y of your property repossesse | Court or agency<br>d, foreclosed, garnished, attached,                           | seized, or levied?       | Status of the case |
|      | _          | No. Go to line 11                  |   |   |  |                          |                    |
|      | _          | Yes. Fill in the informat          | ion below.  |   |  |                          |                    |
| 11   |            |                                    | ı filed for bankruptcy, did<br>ent because you owed a d |   | nk or financial institution, set off a   | ny amounts from y        | our accounts       |
|      |            | No. Go to line 11                  |   |   |  |                          |                    |
|      |            | Yes. Fill in the informat          |   |   |  |                          |                    |
| 12   |            | •                                  | iled for bankruptcy, was a<br>a custodian, or another o |   | ossession of an assignee for the b   | enefit of creditors,     | a                  |
|      | <b>□</b> ′ |                                    |   |   |  |                          |                    |
| L    | art 5      | List Certain Gifts a               | and Contributions                                       |   |  |                          |                    |
| 13   | Witl       | hin 2 years before you             | filed for bankruptcy, did                               | you give any gifts with a tot                       | al value of more than \$600 per pers   | son?                     |                    |
|      |            | No.                                |   |   |  |                          |                    |
|      |            | Yes. Fill in the details for       | or each gift.   |   |  |                          |                    |
| 14   | Witl       | hin 2 years before you             | filed for bankruptcy, did                               | you give any gifts or contrib                       | utions with a total value of more th   | nan \$600 to any ch      | arity?             |
|      |            | No.                                |   |   |  |                          |                    |
|      |            | Yes. Fill in the details for       | or each gift.   |   |  |                          |                    |
|      |            |                                    |   |   |  |                          |                    |
| 1    | art 6      | List Certain Losse                 | s   |   |  |                          |                    |
| 15   |            | hin 1 year before you f<br>nbling? | iled for bankruptcy or sin                              | nce you filed for bankruptcy,                       | did you lose anything because of   | theft, fire, other dis   | easter, or         |
|      |            | No.                                |   |   |  |                          |                    |
|      |            | Yes. Fill in the details for       | or each gift.   |   |  |                          |                    |
|      |            |                                    |   |   |  |                          |                    |
|      | art 7      | List Certain Paymo                 | ents or Transfers                                       |   |  |                          |                    |
| 16   | con        | sulted about seeking l             | pankruptcy or preparing a                               | a bankruptcy petition?                              | your behalf pay or transfer any pr   |                          | ou                 |
|      | П          | No.                                |   |   |  |                          |                    |
|      | =          | Yes. Fill in the details           |   |   |  |                          |                    |
|      |            | Party Contact Info                 |   | Description and value of                            | any property transferred   | Date payment or transfer | Amount of payment  |
|      |            | Geraci Law L.L.C.                  |   |   |  |                          | \$1,000.00         |
|      |            | 55 E. Monroe Street #              | <del>‡</del> 3400                                       |   |  |                          |                    |
|      |            | Chicago,IL 60603                   |   |   |  |                          |                    |
|      |            |                                    |   |   |  |                          |                    |
|      |            |                                    |   |   |  |                          |                    |
|      |            |                                    |   |   |  |                          |                    |
|      |            |                                    |   |   |  |                          |                    |
|      |            |                                    |   |   |  |                          |                    |
|      |            |                                    |   |   |  |                          |                    |

Case 17-36630 Doc 1 Filed 12/11/17 Entered 12/11/17 13:09:24 Desc Main Page 38 of 55 Document Lisa Michelle Mahmood Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Credit Counseling Services Hananwill Credit Counseling 2017 \$25.00 115 N. Cross St. Robinson, IL 62454 17 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Yes. Fill in the details. 18 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details for each gift. Description and value of property Date transfer Describe any property or payments received transferred or debts paid in exchange was made 10433 Dearlove Rd \$13,000 net proceeds receieved 2016 Unknown/unrelated buyer Glenview, IL 60025-3534, \$125,000 Person's relationship to you Description and value of property Describe any property or payments received Date transfer transferred or debts paid in exchange was made 2005 Honda Sport motorcycle, \$3.000 August 2016 Unknown/unrelated buyer \$3,000 Person's relationship to you None 19 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details for each gift. Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No.

Yes. Fill in the details.

Last 4 digits of account number i

Type of account or instrument Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

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Michelle

Lisa Mahmood Case Number (if known) Debtor 1 First Name Middle Name Last Name 21 Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No. Yes. Fill in the details. Who else had access to it? Describe the contents Do you still 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No. Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? **Identify Property You Hold or Control for Someone Else** Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Where is the property? Describe the property Value **Give Details About Environmental Information** Part 10: For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 25 Have you notified any governmental unit of any release of hazardous material? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. Nature of the case Status of the case Court or agency Give Details About Your Business or Connections to Any Business Part 11: 27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation

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|         | Line.                 | NAC-IIII                        | Mahararah                   | Paye 40 01 55  |
|---------|-----------------------|---------------------------------|-----------------------------|--|
| ebtor 1 | Lisa                  | Michelle                        | Mahmood                     | Case Number (if known)                                     |
|         | First Name            | Middle Name                     | Last Name                   |  |
|         | No. None of the abo   | ove applies. Go to Part 12.     |                             |  |
|         |                       | apply above and fill in the det | ails below for each busine  |  |
| ш       | res. Check all that   | apply above and ill ill the det | alls below for each busine  | 555.   |
|         |                       |                                 |                             |  |
|         | •                     |                                 | you give a financial stat   | ement to anyone about your business? Include all financial |
| ins     | titutions, creditors, | or other parties.               |                             |  |
|         | No.                   |                                 |                             |  |
| П       | Yes. Fill in the deta | ils.                            |                             |  |
|         |                       | Date is:                        | sued                        |  |
| Dort 4  |                       |                                 |                             |  |
| Part 12 | Sign Below            |                                 |                             |  |
| l hav   | e read the answers    | on this Statement of Finance    | ial Affairs and any attacl  | nments, and I declare under penalty of perjury that the    |
|         |                       |                                 |                             | ncealing property, or obtaining money or property by fraud |
|         |                       |                                 |                             | nprisonment for up to 20 years, or both.                   |
|         | .S.C. §§ 152, 1341, 1 |                                 |                             | inprocessing to an yours, or both                          |
|         | ,,                    |                                 |                             |  |
|         |                       |                                 |                             |  |
| 40      | 1-11: <b>NA</b> !     | Makasad                         | 40                          |  |
| X       | /s/ Lisa Michelle     |                                 | _ 🗶                         | torrest Debter 0   |
|         | Signature of Debto    | r 1                             | Signa                       | ture of Debtor 2   |
|         |                       |                                 |                             |  |
|         | Date 12/09/2017       |                                 | Date                        |  |
|         | MM / DD /             | YYYY                            |                             | MM / DD / YYYY   |
|         |                       |                                 |                             |  |
| Did v   | vou attach additiona  | al pages to Your Statement o    | of Financial Affairs for In | dividuals Filing for Bankruptcy (Official Form 107)?       |
|         | ,                     | pg                              |                             |  |
|         | No                    |                                 |                             |  |
|         | Yes                   |                                 |                             |  |
| ш       | 163                   |                                 |                             |  |
| Did     | you pay or agree to   | pay someone who is not an       | attorney to help you fill   | out bankruptcy forms?                                      |
|         |                       |                                 |                             | • •  |
|         | No                    |                                 |                             |  |
|         | Yes. Name of perso    | on                              |                             | . Attach the Bankruptcy Petition Preparer's Notice,        |
|         |                       |                                 |                             | Declaration, and Signature (Official Form 119).            |

| F:11 : 4b               |  |   |   | /11/17 13:09:24            | Desc Main   |      |  |  |  |  |
|-------------------------|--|---|---|----------------------------|---|------|--|--|--|--|
| FIII III U              | nis information to ide   | nury your case:                                 | 1 of 5  | 5                          |   |      |  |  |  |  |
| Debtor 1                | Lisa   | Michelle  | Mahmood   |                            |   |      |  |  |  |  |
|                         | First Name   | Middle Name                                     | Last Name   |                            |   |      |  |  |  |  |
| Debtor 2<br>(Spouse, if |  | Middle Name                                     | Last Name   |                            |   |      |  |  |  |  |
|                         |  | ior the . MODILIEDNI District of III.           | INOIC   |                            |   |      |  |  |  |  |
| United S                | states Bankruptcy Court t  | or the : <u>NORTHERN</u> District of <u>ILL</u> | (State)   |                            | Check if this is an                                 |      |  |  |  |  |
| Case Nu<br>(If known    |  |   |   |                            | amended filing                                      |      |  |  |  |  |
|                         | l Form 108<br>ment of Inte   | ntion for Individuals                           | Filing Under Chapter 7                            |                            |   | 12/1 |  |  |  |  |
| f you are a             | n individual filing un   | der chapter 7, you must fill out this           | s form if:  |                            |   |      |  |  |  |  |
|                         |  | d by your property, or                          |   |                            |   |      |  |  |  |  |
| =                       | •  | operty and the lease has not expire             | d.<br>your bankruptcy petition or by the date se  | at for the meeting of cree | ditore  |      |  |  |  |  |
|                         |  |   | You must also send copies to the creditors        | _                          |   |      |  |  |  |  |
| f two marr              | ied people are filing  | together in a joint case, both are e            | qually responsible for supplying correct in       | iformation.                |   |      |  |  |  |  |
|                         | ors must sign and dat  |   |   |                            |   |      |  |  |  |  |
|                         | =  |   | I, attach a separate sheet to this form. On       | the top of any additional  | I pages,  |      |  |  |  |  |
| write your              | name and case numb   |   |   |                            |   |      |  |  |  |  |
| Part 1:                 |  | rs Who Have Secured Claims                      | "   | . (Official E 100D)        | CH to do  |      |  |  |  |  |
| -                       | For any creditors that you listed in Part 1 of <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D), fill in the information below. |   |   |                            |   |      |  |  |  |  |
| Identify                | the creditor and the   | property that is collateral                     | What do you intend to do with the secures a debt? | property that              | Did you claim the property as exempt on Schedule C? |      |  |  |  |  |
| Credit                  | or's   |   | ☐ Surrender the property                          |                            | No  |      |  |  |  |  |
| name                    | : America  | n Honda Finance                                 | Retain the property and                           | I redeem it                | —<br>□ Yes  |      |  |  |  |  |
| Descr                   | iption of 2017 Ho  | nda Accord with over 18,000 miles               | Retain the property and                           | l enter into a             |   |      |  |  |  |  |
| prope                   |  |   | Reaffirmation Agreeme                             | nt.                        |   |      |  |  |  |  |
| securi                  | ng debt:   |   | Retain the property and                           | l [explain]:               |   |      |  |  |  |  |
|                         |  |   |   |                            | _   |      |  |  |  |  |
| Credit                  | or's   |   | Surrender the property                            |                            | ☐ No  |      |  |  |  |  |
| name:                   |  |   | Retain the property and                           | I redeem it                | _<br>□ Yes  |      |  |  |  |  |
| Descr                   | iption of  |   | Retain the property and                           | l enter into a             |   |      |  |  |  |  |
| prope                   | =  |   | Reaffirmation Agreeme                             | nt.                        |   |      |  |  |  |  |
| securi                  | ng debt:   |   | Retain the property and                           | l [explain]:               |   |      |  |  |  |  |
|                         |  |   |   |                            | _   |      |  |  |  |  |
| Credit                  | or's   |   | Surrender the property                            |                            | ☐ No  |      |  |  |  |  |
| name                    |  |   | Retain the property and                           | I redeem it                | ☐ Yes   |      |  |  |  |  |
| Descr                   | iption of  |   | Retain the property and                           | l enter into a             |   |      |  |  |  |  |
| prope                   | =  |   | Reaffirmation Agreeme                             | nt.                        |   |      |  |  |  |  |
| securi                  | ng debt:   |   | Retain the property and                           | I [explain]:               |   |      |  |  |  |  |
|                         |  |   |   |                            |   |      |  |  |  |  |
| Credit                  | or's   |   | Surrender the property                            |                            | ☐ No  |      |  |  |  |  |
| name                    | :  |   | Retain the property and                           | I redeem it                | Yes   |      |  |  |  |  |
| Descr                   | iption of  |   | Retain the property and                           | l enter into a             | _   |      |  |  |  |  |
| prope                   | -  |   | Reaffirmation Agreeme                             | nt.                        |   |      |  |  |  |  |
| cocur                   | ing debt:  |   | ☐ Petain the property and                         | l [evalain]:               |   |      |  |  |  |  |

Debtor 1

Case 17-36630 Lisa

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First Name

List Your Unexpired Personal Property Leases

| For any unexpired personal property lease that yo   | ou listed in Schedule G: Executory Contracts and Unexpired Lea       | ses (Official Form 106G),  |
|---|--|----------------------------|
|   | leases. Unexpired leases are leases that are still in effect; the le | •                          |
| ended. You may assume an unexpired personal p   | roperty lease if the trustee does not assume it. 11 U.S.C. § 365(p   | )(2).                      |
| Describe your unexpired personal property le  | ases   | Will the lease be assumed? |
| Lessor's name:  |  | □ No                       |
|   |  | Yes                        |
| Description of leased property:   |  |                            |
| r - r - 3   |  |                            |
| Lessor's name:  |  | □ No                       |
| Description of leased   |  | ☐ Yes                      |
| Description of leased property:   |  |                            |
|   |  |                            |
| Lessor's name:  |  | □No                        |
| Description of leased   |  | Yes                        |
| property:   |  |                            |
|   |  | _                          |
| Lessor's name:  |  | □No                        |
| Description of leased   |  | □Yes                       |
| property:   |  |                            |
| Lessor's name:  |  | □No                        |
| Lesson s Harrie.  |  | Yes                        |
| Description of leased   |  | □res                       |
| property:   |  |                            |
| Lessor's name:  |  | □No                        |
|   |  | Yes                        |
| Description of leased   |  | <del>-</del> "             |
| property:   |  |                            |
| Lessor's name:  |  | □No                        |
|   |  |                            |
| Description of leased property:   |  |                            |
| property.   |  |                            |
| Part 3: Sign Below  |  |                            |
|   |  |                            |
| Inder penalty of perjury, I declare that I have indic<br>personal property that is subject to an unexpired lo | ated my intention about any property of my estate that secures       | a debt and any             |
| rei soniai property tilat is subject to all ullexpired it   | 5635.  |                            |
| 🗶 /s/ Lisa Michelle Mahmood   | _ <b>x</b>   |                            |
| Signature of Debtor 1   | Signature of Debtor 2  |                            |
| Date Dated: 12/09/2017  | Date   |                            |
| MM / DD / YYYY  | MM / DD / YYYY   |                            |

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In   | ·e           | NORTHERN DIS  | TRICT OF ILLINOIS LASTE  | KIV DIVISIC                          | )1 <b>\</b>                                    |
|------|--------------|---|--|--------------------------------------|--|
| Lisa | a Michelle N | Mahmood / Debtor  |  | Case No:                             |  |
|      |              |   |  | Chapter:                             | Chapter 7                                      |
|      |              | DISCLOSURE OF C   | OMPENSATION OF ATTORN  | EV FOR DER                           | TOR  |
|      | npensation p | to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2019 and to me within one year before the filing of the rendered on behalf of the debtor(s) in contract. | 6(b), I certify that I am the attorned the petition in bankruptcy, or ag | ey for the above<br>greed to be paid | e named debtor(s) and that to me, for services |
|      | For legal s  | services, I have agreed to accept   | \$1,000.00   |                                      |  |
|      | Prior to th  | e filing of this statement I have received  | \$1,000.00   |                                      |  |
|      | Balance D    | Oue   | \$0.00   |                                      |  |
| 2.   |              | e of the compensation paid to me was: tor(s) Other: (specify)   |  |                                      |  |
| 3.   | The source   | e of compensation to be paid to me is:  |  |                                      |  |
|      | Del          | otor(s) Other: (specify)  |  |                                      |  |
| 4.   |              | e not agreed to share the above-disclosed con<br>law firm.  | mpensation with any other person   | unless they are                      | e members and associates                       |
|      | 1 1          | e agreed to share the above-disclosed comper law firm. A copy of the agreement, togethered.   |  |                                      |  |
| 5.   | In return fo | or the above-disclosed fee, I have agreed to r<br>ding:   | render legal service for all aspects                                     | s of the bankrup                     | otcy   |
|      | _            | vsis of the debtor's financial situation, and reuptcy;  | endering advice to the debtor in d                                       | etermining whe                       | ether to file a petition in                    |
|      | b. Prepa     | ration and filing of any petition, schedules, s   | statements of affairs and plan whi                                       | ch may be requ                       | nired;   |
| 6.   |              | nent with the debtor(s), the above-disclosed for include any work done post-filing.   | ee does not include the following  | service:                             |  |
|      |              |   | CERTIFICATION  |                                      |  |
|      |              | I certify that the foregoing is a comple payment to me for representation of the de   |  | -                                    | or   |
|      |              | Date: 12/09/2017  | /s/ Daniel Fasman  |                                      |  |
|      |              | Date  | Signature of Attorney  |                                      |  |

Page 1 of 1 Record # 755305

Geraci Law L.L.C. Name of law firm

Case 17-36630 Geraci Lawell. L2C. 1/llinois Indianal Wisconsins: 09:24

Record #: **755-305** 

Date: 11/18/2017 Consultation Attorney: **ROB** 

Retainer Agreement Chapter 7 - Pre-filing

| Services before filing in Court: I retain Geraci Law L.L.C. to prepare to file a Chapter 7 bankruptcy petition in court. I agree to pay, by   |
|---|
| debit only, a flat fee for services <b>before</b> filing in court of \$ _1,000.00 at \$ {} today,  \$ {} per {} starting {} and \$ {} I will obtain from  |
| {} within 60 days of today. Bankruptcy is time-sensitivel may pay more than this amount to pre-pay  |
| post-filing services. After filing in court, any balance on the pre-filing fee is discharged. We will start preparing your documents as soon as   |
| you sign this contract. Work before signing is no charge. Work or Costs advanced AFTER filing in Court is not included in the pre-filing  |
| amount, unless you pay us for it in advance:  |
| After we file your Chapter 7 bankruptcy in Court, we will advance your Court Cost of \$335. Your flat fee for services after case filing is \$ 1,200.00 . We will present you with an agreement to repay the \$335 we will advance after filing, and for our services after filing  |
| through Discharge or case closing without discharge, (at which time our representation of you ceases) totalling $\$$ <u>1,535.00</u> . Whether or   |
| not you sign a post-filing agreement is entirely voluntary; you are not required to retain Geraci Law for post-bankruptcy services. We will not   |
| withdraw for non-payment if you decide not to sign a post-filing agreement, reimburse the \$335 we paid for you, or fees. We will atttend your  |
| meeting of creditors and perform ministerial tasks, but you may have to retain someone else for anything not included in the post-filing fee  |
| (read next paragraph for what is included)  |
| The flat fee for pre-filing work pays for: consultation after hiring us, (before retaining us is free) preparation petition, phone calls, emails, web messages processing and reviewing documents that we requested from you including faxes, email attachments, web uploads and mail; office appointment to review   |
| and sign your petition; filing your case in court. Excluded: appearance in any court or proceeding; taking calls from your creditors or bill collectors. If you   |
| decide to pre-pay, or pay for ALL services before and after we file your case in court, all work until case closing is included except: missed section  |
| 341 meetings; amendments to schedules; adversary proceedings; any motions including to reopen, avoid judgment liens, for enlargement of time; an contested matter including but not limited to objections to exemptions, motions to dismiss; attending rule 2004 examinations; reviewing documents that w   |
| did not specifically request from you; appearance other than bankruptcy court. With "flat fee", rather than hourly, you know in advance your entire cost  |
| unless additional work is required and it usually is cheaper, but you may choose to pay for our services billed hourly at \$75 -\$450/hour, and pay in advance  |
| a security retaier, which may cost you more, or less than a flat fee. Advance Payment Retainer. Payments on flat fee or hourly become our property of   |
| payment and are deposited into our operating account, not into a client trust account. We will only refund unearned fees You may enter into a security retainer agreement with another law firm: we will not because you may lose funds held in our trust account which may be assets in a Chapter 7.   |
|   |
| Termination. If you decide not to proceed, delay, fail to respond, fail to pay my attorneys or provide all information & sign my petition   |
| according to this schedule. I agree that Geraci Law may discontinue work and charge me for the work done to date at hourly rates snown  |
| above. We will only refund fees not earned. Wisconsin: We will submit any unresolved dispute about the fee to binding arbitration within 30 days or receiving written notice of the dispute. You may file a claim with the Wisconsin Lawyers' Fund for Client Protection if the we fail to provide a refund or control of the dispute.  |
| upperped advanced fees. If you dispute the amount of the fee and want that dispute to be submitted to binding arbitration, you must provide written notice  |
| of the dispute to Geraci Law within 30 days of the mailing of the accounting. If we are unable to resolve the dispute to the satisfaction of you within 30 days   |
| after notice of the dispute from the client, we shall submit the dispute to binding arbitration.  |
| Time matters: You agree: to fully cooperate with us and provide all information required; use Client Corner and not to cause excessive work; that more than one attorney or staff will work on your file there is no extra charge for the entire Geraci Law Team, unlike single attorney "law firms". Change in   |
| circumstances: This flat fee is based on the facts you told us. If that changes, your fee may change. Exemption laws only protect a limited amount of   |
| property. File Chapter 13 if you have property not claimed as exempt, or risk turn over "non-exempt" property to a Trustee. No guarantee of Discharge   |
| Creditors or others may object to a chapter 7 discharge of certain debts or to any discharge, for a variety of reasons. Debts not discharged: studentloans; educational debts and tuition; most tax debts; undisclosed debts; maintenance or support; fines; fraud, stealing or intentional injury claims, debt and tuition; most tax debts; undisclosed debts; maintenance or support; fines; fraud, stealing or intentional injury claims, debt |
| after filing including HOA dues: other debts listed in your green folder as usually not discharged. No discharge if you don't take the znd educational  |
| course. I will not transfer or acquire any property or incur any credit or debt before filing, and I must make full disclosure or all income, expenses, deb   |
| and asset some my banking the petition as of the date I, sign it. I AGREE TO READ EVERY PAGE AND EVERY LINE OF MY PETITION BEFORE I SIGN I  |
| AND TO MAKE SURE THAT IT IS COMPLETE AND CORRECT.   |
| - Landellin V   |
| Date: 11/8/17 X July Muner X  |
| Lisa Mahmood (Debtor) (Joint Debtor)  |

Attorney for the Debtor(s), Representing Geraci Law L.L.C.

rev 171110

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Lisa Michelle Mahmood / Debtor

Bankruptcy Docket #:

Judge:

### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 12/09/2017 /s/ Lisa Michelle Mahmood

Lisa Michelle Mahmood

X Date & Sign

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<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

### UNITED STATES BANKRUPTCY COURT

# NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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Form B 201A, Notice to Consumer Debtor(s)

In re Lisa Michelle Mahmood / Debtor

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 12/09/2017 | /s/ Lisa Michelle Mahmood |   |
|-------------------|---------------------------|---|
|                   | Lisa Michelle Mahmood     |   |
| Dated: 12/09/2017 | /s/ Daniel Fasman         |   |
|                   | Attorney: Daniel Fasman   | _ |

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| Debtor  | 1 Lisa  | Michelle M  | fahmood  | Case Number (if know  | vn)  |  |  |  |  |
|---|---|---|--|---|--|--|--|--|--|
|   | First Name  | Middle Name La  | est Name   |   |  |  |  |  |  |
|   |   |   |  |   |  |  |  |  |  |
| Part  | Part 6: Answer These Questions for Reporting Purposes   |   |  |   |  |  |  |  |  |
| 16.   | Answer These Question What kind of debts do you have?  Are you filing under Chapter 7?  | 16a. Are your debts prir as "incurred by an indi  No. Go to line 16t  Yes. Go to line 17  16b. Are your debts prir money for a business  No. Go to line 16c  Yes. Go to line 17  16c. State the type of debts | ividual primarily for a per b  |   | ose." t you incurred to obtain investment.   |  |  |  |  |
|   | Do you estimate that after<br>any exempt property is<br>excluded and<br>administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? | administrative example. □ No. □ Yes.  | Chapter 7. Do you esti   | mate that after any exempt prope<br>nds will be available to distribute t   | orty is excluded and to unsecured creditors?   |  |  |  |  |
| 3   | How many creditors do you estimate that you owe?  | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999   | ☐ 1,000<br>☐ 5,001<br>☐ 10,00  | -10,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000   |  |  |  |  |
| 19.   | How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | □ \$10,00<br>□ \$50,00   | 0,001-\$10 million<br>00,001-\$50 million<br>00,001-\$100 million<br>000,001-\$500 million  | □\$500,000,001-\$1 billion □\$1,000,000,001-\$10 billion □\$10,000,000,001-\$50 billion □More than \$50 billion                            |  |  |  |  |
| 20.   | How much do you estimate your liabilities to be?  | □ \$0-\$50,000<br>■ \$50,001-\$100,000<br>□ \$100,001-\$500,000<br>□ \$500,001-\$1 million  | □ \$10,0<br>□ \$50,0   | 10,001-\$10 million<br>100,001-\$50 million<br>100,001-\$100 million<br>100,001-\$500 million   | ☐ \$500,000,001-\$1 billion ☐ \$1,000,000,001-\$10 billion ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion                        |  |  |  |  |
| Par   | 17: Sign Below  |   |  |   |  |  |  |  |  |
| For   | you   | correct.  If I have chosen to file under of title 11, United States Counder Chapter 7.  If no attorney represents methis document, I have obtain I request relief in accordance I understand making a false.  | er Chapter 7, I am aware ode. I understand the relies e and I did not pay or agned and read the notice ce with the chapter of title e statement, concealing result in fines up to \$25 | e that I may proceed, if eligible, unief available under each chapter, agree to pay someone who is not all required by 11 U.S.C. § 342(b). The 11, United States Code, specific property, or obtaining money or p 10,000, or imprisonment for up to 10. | nder Chapter 7, 11,12, or 13 and I choose to proceed in attorney to help me fill out led in this petition. property by fraud in connection |  |  |  |  |
| NA SWAMON MENTON ON THE OWNER WORKS WITH SAFETY WAS |   | Signature of Deletor N  Executed on : MM  | 109 12017<br>100 1777  | Signature  Executed   | of Debtor 2 onMM / DD / YYYY   |  |  |  |  |

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| Debtor 1                  | Lisa                 | Michelle                          | Mahmood   |
|---------------------------|----------------------|-----------------------------------|-----------|
|                           | First Name           | Middle Name                       | Last Name |
| Debtor 2                  |                      |                                   |           |
| (Spouse, if filing)       | First Name           | Middle Name                       | Last Name |
|                           |                      | u vontuenu nistra                 |           |
| United States             | Bankruptcy Court for | the : <u>NORTHERN</u> District of | (State)   |
|                           |                      |                                   | (Giate)   |
| Case Number               |                      |                                   |           |
| Case Number<br>(If known) |                      |                                   |           |

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is NOT an attorney              | y to help you fill out bankruptcy forms?  |
| No  |   |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
|   |   |
| Under penalty of perjury, I declare that I have read the summ: correct. | ary and schedules filed with this declaration and that they are true and                      |
| I della della con   | •   |
| Signature of Debto 1  | Signature of Debtor 2   |
| Date : 12 19 12017<br>MM / DD / YYYY                                    | Date  |
|   |   |

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| Debtor 1      | Lisa<br>First Name   | Michelle<br>Middle Name                                      | Mahmood<br>Last Name              | Case Number (if known)   | <del></del> .   |  |  |  |
|---------------|--|--|-----------------------------------|--|---|--|--|--|
|               |  | ove applies. Go to Part 12. apply above and fill in the deta | ills below for each business.     |  | CHILDOLINA CHTS. PRESENCIA CHTS. STATES CONT. CHTS. CHTS. STATES CONT. CHTS. CHTS. STATES CONT. CHTS. STATES CONT. CHTS. STATES CONT. CHTS. CHTS. STATES CONT. CHTS. STATES CONT. CHTS. STATES CONT. CHTS. |  |  |  |
| 8             | thin 2 years before<br>titutions, creditors,<br>No.  |  | ou give a financial statement to  | o anyone about your business? Include all financial  |   |  |  |  |
| Part 1        | Yes. Fill in the deta  | ils.<br>Date iss   | ued                               |  |   |  |  |  |
| ansv<br>in co | I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can'result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571  Signature of Debter 2  Date |  |                                   |  |   |  |  |  |
|               | No   | al pages to <i>Your Statement of</i>                         | Financial Affairs for Individual  | s Filing for Bankruptcy (Official Form 107)?   |   |  |  |  |
| Did y         | ou pay or agree to   | pay someone who is not an a                                  | ttorney to help you fill out bank | ruptcy forms?  |   |  |  |  |
| _             | No<br>Yes. Name of perso   | on   |                                   | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119). |   |  |  |  |

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Debtor 1

| Lisa       | <br> |
|------------|------|
| First Name |      |

Michelle

Mahmood

Case Number (if known)

Last Name

| Part 2: List Your Unexpired Personal Property Leases  |                            |  |  |  |  |  |  |  |  |
|---|----------------------------|--|--|--|--|--|--|--|--|
| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G),           |                            |  |  |  |  |  |  |  |  |
| fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet |                            |  |  |  |  |  |  |  |  |
| ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).                              |                            |  |  |  |  |  |  |  |  |
| Describe your unexpired personal property leases  | Will the lease be assumed? |  |  |  |  |  |  |  |  |
| Lessor's name:  | □ No                       |  |  |  |  |  |  |  |  |
| Description of leased property:   | ☐ Yes                      |  |  |  |  |  |  |  |  |
| Lessor's name:  | □ No                       |  |  |  |  |  |  |  |  |
| Description of leased property:   | ☐ Yes                      |  |  |  |  |  |  |  |  |
| Lessor's name:  | □No                        |  |  |  |  |  |  |  |  |
| Description of leased property:   | Yes                        |  |  |  |  |  |  |  |  |
| Lessor's name:  |                            |  |  |  |  |  |  |  |  |
| Description of leased property:   | □Yes                       |  |  |  |  |  |  |  |  |
| Lessor's name:  | □No                        |  |  |  |  |  |  |  |  |
| Description of leased property:   | □Yes                       |  |  |  |  |  |  |  |  |
| Lessor's name:  | □No                        |  |  |  |  |  |  |  |  |
| Description of leased property:   | Yes                        |  |  |  |  |  |  |  |  |
| Lessor's name:  | ☐ No                       |  |  |  |  |  |  |  |  |
|   | ☐ Yes                      |  |  |  |  |  |  |  |  |

Part 3:

property:

Sign Below

Description of leased

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any

MM / DD /

Signature of Debtor 2

Date MM / DD / YYYY

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## DISCLAIMER Debtors have read and agree:

- Divorce or family support debts to a spouse, ex-spouse, child, guardian ad liter or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win, Interest on student loans continue to run while you are in a Chapter 13.
- Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for fimily support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrotcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.

18. Setoffs if you have money in a credit union or creditor account, or other loans that gross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in barkruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or mange in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE, SURE OUR PETYTION IS ACCURATE!!!!

Dated: // /2017

Michelle Mahmood

X Date & Sign

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Lisa Michelle Mahmood / Debtor

Bankruptcy Docket #:

Judge:

### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: /2 / 01/2017

Lisa Michelle Mahmood

X Date & Sign

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| Deb   | otor 1            | Lisa                                 | Michelle  | Mahmood   |                  | Case Number (if known) _ |  |             |
|---|-------------------|--------------------------------------|---|---|------------------|--------------------------|--|-------------|
|   |                   | First Name                           | Middle Name   | Last Name                                       |                  |                          |  |             |
|   |                   |                                      |   |   |                  | Column A<br>Debtor 1     | Column B Debtor 2 or non-filing spouse |             |
| 8.  | Unem              | ployment comp                        | pensation   |   |                  | \$0.00                   | \$0.00                                 |             |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: |                   |                                      |   |   |                  |                          |  |             |
|   | For yo            | ou                                   |   |   |                  |                          |  |             |
|   | For yo            | our spouse                           |   |   |                  |                          |  |             |
|   |                   |                                      | <b>nt income.</b> Do not include any amount red<br>cial Security Act.   | ceived that was a                               |                  | \$0.00                   | \$0.00                                 |             |
|   | Do not<br>as a vi | t include any be<br>ictim of a war c | er sources not listed above. Specify the senefits received under the Social Security srime, a crime against humanity, or internary, list other sources on a separate page a | Act or payments received<br>ational or domestic |                  |                          |  |             |
|   | 10a               |                                      |   |   |                  | \$0.00                   | \$ 0.00                                |             |
|   | 10b               |                                      |   |   |                  | \$ 0.00                  | \$0.00                                 |             |
|   | 10c. To           | otal amounts fro                     | om separate pages, if any.  |   |                  | \$0.00                   | \$0.00                                 |             |
|   |                   |                                      | current monthly income. Add lines 2 throe total for Column  |   |                  | \$4,070.98 +             | \$0.00 =                               | \$4,070.98  |
|   |                   | late your curre                      | Whether the Means Test Applies to You ent monthly income for the year. Follow t   | •   |                  |                          |  |             |
| •   | 12a.              | Copy your total                      | I current monthly income from line 11   |   |                  | . Copy line 11 here      | 12a.                                   | \$4,070.98  |
|   |                   | Multiply by 12 (                     | (the number of months in a year).   |   |                  |                          |  | x 12        |
| •   | 12b.              | The result is yo                     | our annual income for this part of the form   | ·<br>•  |                  |                          | 12b.                                   | \$48,851.76 |
| 13.   | Calcul            | late the median                      | n family income that applies to you. Follows  | ow these steps:                                 |                  |                          |  |             |
|   | Fill in t         | the state in which                   | ch you live.  | IL  |                  |                          |  |             |
|   | Fill in t         | he number of p                       | people in your household.   | 1   |                  |                          |  |             |
|   | To find           | d a list of applica                  | nily income for your state and size of hous<br>cable median income amounts, go online u<br>orm. This list may also be available at the l                                    | using the link specified in t                   |                  |                          | 13.                                    | \$51,317.00 |
| 14.   | How d             | lo the lines con                     | mpare?  |   |                  |                          |  |             |
| •   | 14a. [            | x Line 12b is le<br>Go to Part 3.    | ess than or equal to line 13. On the top of   | page 1, check box 1, The                        | ere is no presu  | mption of abuse.         |  |             |
| 1   | 14b. [            |                                      | nore than line 13. On the top of page 1, ch<br>and fill out Form 122A-2.  | neck box 2, The presumpt                        | tion of abuse is | s determined by Form 12  | <b>2A-2</b> .                          |             |
| Pa  | art 3:            | Sign Below                           | . 1   | <b>1</b>  |                  |                          |  |             |
|   | -                 | By signing here                      | e, I declare under penalty of perjury that his  | ne information on this state                    | ement and in a   | ny attachments is true a | nd correct.                            |             |
|   | ()                |                                      | Lisa Michelle Mahmood   |   |                  |                          |  |             |
|   |                   | Date:: 6                             | <u> 1 M 1</u> 2017  |   |                  | •                        |  |             |
|   | ļ                 | if you checked I                     | line 14a, do NOT fill out or file Form 122A   | <b>\-2</b> .                                    |                  |                          |  |             |
|   | ŀ                 | If you checked                       | line 14b, fill out Form 122A-2 and file it wi   | ith this form.                                  |                  |                          |  |             |

Form B 201A, Notice to Consumer Debtor(s)

In re Lisa Michelle Mahmood / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

## Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated:/2 | 09 |2017

Lisa Michelle Mahmood

X Date & Sign

Dated: 12/ 1/2017

Attorney: Daniel Fasmai